

Case Number:	CM15-0130836		
Date Assigned:	07/17/2015	Date of Injury:	01/24/1996
Decision Date:	09/10/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application	07/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old, male who sustained a work related injury on 1/24/96. The diagnoses have included cervical radiculitis, low back pain, right shoulder pain, lumbar radiculitis, herniated cervical disc, cervical facet arthropathy, chronic pain syndrome, cervical post-laminectomy pain, myalgia and depression. Treatments have included a home exercise program, oral medications, Salonpas patches, physical therapy, chiropractic treatments, acupuncture, lumbar facet joint injections and cervical spine surgery. In the Primary Treating Physician's Progress Report dated 6/22/15, the injured worker complains of neck, low back and shoulder pain. He states his pain is worse than last visit. He describes his pain as aching and stabbing in the neck and radiates to both arms. He describes his low back pain as aching with occasional radiation to the right leg. He gets numbness in arms and feet. He states pain gets worse with bending and lifting. He rates his pain level a 3-4/10 with medications and an 8-9/10 without medications. He states his medications are helpful. He has tenderness over the cervical paraspinals and right periscapular muscles. He has 4+/5 upper extremity strength on the right and 5/5 on the left. He has limited active range of motion in neck. He has tenderness over lumbar paraspinals. He has 5/5 strength in both legs. He has positive straight leg raises with both legs, right greater than left. He had lumbar spine MRI on 4/11/15 which showed multilevel degenerative disc disease and facet arthropathy with degenerative spondylolisthesis at L4-5. He is not working. The treatment plan includes prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per CA MTUS guidelines, Norco is a combination of Hydrocodone and acetaminophen and considered an opioid medication. "Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components." "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." "A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<=70 days)." Long-term use of opioids are not recommended. It is noted that the injured worker has been on this medication a minimum of 12 months. There is insufficient documentation on a change in pain levels and no documentation of improvement in functional capabilities. Documentation does not include a recent toxicology screen as recommended by the guidelines. Norco has been prescribed at most office visits. For all of these reasons, this treatment request for Norco is not medically necessary.

Oxycontin 20mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per CA MTUS guidelines, Oxycontin is a controlled release form of Oxycodone. Oxycodone is an opioid medication with the potential to be addictive. It is for the short-term use for pain relief. "Oxycontin Tablets are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are NOT intended for use as a prn analgesic." It is noted that the injured worker has been on this medication for a minimum of 12 months. There is insufficient documentation of a change in pain levels, how effective the Oxycontin has been in relieving his pain or any improvements made in functional capacity. The injured worker is not working. There is no documentation noted about how he takes the Oxycontin in relation to usual dosage, how long it takes the medication to start working or how long any pain relief lasts. Long term use of opioid medications is not recommended. It is not recommended that opioid medications be abruptly discontinued. Documentation does not include a toxicology screen as recommended by the guidelines. Since there is insufficient documentation of improvement in pain level, a decrease in overall pain or an increase in functional capacity, this request for Oxycontin is not medically necessary.

Halcion 0.25mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per CA MTUS guidelines, Halcion (triazolam) is a benzodiazepine used to treat insomnia. "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anti-convulsant, and muscle relaxant." "Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an anti-depressant." He has been taking this medication for a minimum of 7 months. Documentation shows that he takes this medication for insomnia associated with chronic pain. There is insufficient documentation if this medication is helping with his sleep or if he has tried other means of sleep aides. Since this medication is not recommended for long-term use and there is a risk of dependency, the requested treatment of Halcion is not medically necessary.

Salonpas Patches, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per CA MTUS guidelines, Salonpas patches contain menthol and capsaicin. Although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." With non-steroidal anti-inflammatories (NSAIDs), "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety." "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." "There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." There is no information noted on the use of menthol in a topical cream/gel/patch. He has been using medicated patches for a minimum of a year. There is insufficient documentation on how often he is using the patch and what body part he is applying it to. There is insufficient documentation of decreased pain levels or improved functional capabilities in using the patches. The requested treatment of Salonpas patches containing menthol and capsaicin is not medically necessary.