

Case Number:	CM15-0142228		
Date Assigned:	08/03/2015	Date of Injury:	03/06/2012
Decision Date:	09/28/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male, who sustained an industrial injury on 3-6-2012. He reported slipping and falling while going up steps, landing on his left knee. The injured worker was diagnosed as having derangement posterior medial meniscus, neuralgia neuritis. Treatment to date has included magnetic resonance imaging of the lumbar spine (5-15-2015), magnetic resonance imaging of the left knee (8-21-2013). The request is for Capsaicin 0.075% cream, Pantoprazole (Protonix), and Tramadol-acetaminophen (apap) 37.5-325mg. On 6-2-2015, he was seen in follow up for reported chronic left knee pain and low back pain. He denied changes to the left knee pain, which he reported to continue worsening with ambulation, and made better with rest, bracing and medication. He reported his low back pain to continue and rated it 5-8 out of 10. He indicated the low back pain to be worsened by extended sitting. He reported radiation of low back pain into the right lower extremity. He utilizes Tramadol for pain, Venlafaxine for depression, Diclofenac and capsaicin cream as topical agents, and Protonix to protect his gastrointestinal system due to his other oral medications. He denied side effects. Physical findings revealed a negative straight leg raise test, spasm and guarding of the lumbar spine, decreased sensation in the dermatomes right L4, right L5 and right S1. It is noted he has not tried physical therapy as of this date. The treatment plan included: electrodiagnostic studies of the bilateral lower extremities, x-rays of the lumbar spine, surgical consultation, Venlafaxine, Diclofenac, Capsaicin cream, and Tramadol-apap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

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

Decision rationale: The patient was injured on 03/06/12 and presents with left knee pain and low back pain. The request is for CAPSAICIN 0.075% CREAM QTY: 1. The RFA is dated 06/23/15 and the patient is permanent and stationary. MTUS Guidelines, Topical Analgesics NSAIDs, page 111 states: "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS, Capsaicin topical, page 29, "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis osteoarthritis, fibromyalgia, and chronic non-specific back pain... Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." The patient is diagnosed with derangement posterior medial meniscus, neuralgia neuritis. MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. The request is for Capsaicin 0.075% cream, which is not supported by MTUS Guidelines. Therefore, the requested Capsaicin 0.075% cream is not medically necessary.

Pantoprazole-protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The patient was injured on 03/06/12 and presents with left knee pain and low back pain. The request is for PANTOPROZOLE-PROTONIX 20 MG #60 for GI protection with the use of his oral medications. The utilization review denial letter did not provide a rationale. The RFA is dated 06/23/15 and the patient is permanent and stationary. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to

NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with derangement posterior medial meniscus, neuralgia neuritis. As of 06/02/15, the patient is taking Diclofenac Sodium, Venlafaxine HCl, and Tramadol/APAP. The 03/05/15 report states that "the patient continues to note GI upset." Given that the patient continues to have GI upset, the requested Pantoprazole-Protonix appears reasonable. Use of PPIs is indicated for GI issues, as this patient presents with. Therefore, the request is medically necessary.

Tramadol/apap 37.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 03/06/12 and presents with left knee pain and low back pain. The request is for TRAMADOL/APAP 37.5 MG #90 for pain. The RFA is dated 06/23/15 and the patient is permanent and stationary. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids, Therapeutic Trial of Opioids, also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 03/05/15 report states that the patient receives about 30% pain decrease without side effects with Tramadol. The 06/02/15 report indicates that he rates his pain as a 5-8/10. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of specific ADLs to demonstrate medication efficacy. There are no validated instruments used, and no outcome measures provided as required by MTUS Guidelines. There are no pain management issues discussed such as CURES report, pain contract, et cetera. There are no urine drugs screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol is not medically necessary.