

Case Number:	CM15-0181049		
Date Assigned:	09/22/2015	Date of Injury:	10/13/2000
Decision Date:	11/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/14/2015

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, Pain Management

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 62 year old male, who sustained an industrial-work injury on 10-13-00. A review of the medical records indicates that the injured worker is undergoing treatment for Reflex sympathetic dystrophy syndrome upper limb, sprain of shoulder and arm, cervical disc disease, lumbosacral neuritis and depression. Medical records dated (2-26-15 to 7-30-15) indicate that the injured worker complains of back pain that flares-up at times. The pain is rated 4-5 out of 10 on pain scale without medications and 2 out of 10 with medications. The pain has been unchanged. The medical record dated 7-30-15 the physician indicates that the injured worker "stumbled while walking yesterday and back is flaring with overall pain rated 5 out of 10 and pain radiates to the right foot." He also complains of increased moodiness and tearfulness. Per the treating physician report dated 7-30-15 the injured worker may return to modified duty at work with restrictions. The physical exam dated 7-30-15 reveals decreased cervical range of motion, tenderness, and spasm, positive right Spurling's to hand, positive impingement sign and redness and cool swelling right hand. The lumbar exam reveals decreased range of motion, tenderness of the right sacroiliac joint and right sciatic notch, positive right straight leg raise to foot, and antalgic gait. Treatment to date has included pain medication, Naproxen, Lidocaine, Tramadol, Duloxetine 60mg #30, Lyrica and Pantoprazole since at least 2014, Transcutaneous electrical nerve stimulation (TENS), urine drug screen, activity modification, off work, rest and other modalities. The treating physician indicates in the medical records that there is a pain med contract signed. There is no urine drug screen reports noted. The request for authorization date was 7-13-15 and requested services included Naproxen 500mg #60 with 5 refills, Lidocaine 5% #20 with 4 refills, Tramadol 300mg ER #30 with 1 refill,

Duloxetine 60mg #30, Lyrica 100mg #30 and Pantoprazole 40mg #40 with 1 refill. The original Utilization review dated 8-12-15 non-certified the request for Naproxen 500mg #60 with 5 refills as not medically necessary, the request for Lidocaine 5% #20 with 4 refills was non-certified as not medically necessary, the request for Tramadol 300mg ER #30 with 1 refill was modified to Tramadol 300mg ER #15 without refill for weaning, the request for Duloxetine 60mg #30 was modified to Duloxetine 60mg #15 for weaning, the request for Lyrica 100mg #30 was modified to Lyrica 100mg #15 for weaning and the request for Pantoprazole 40mg #40 with 1 refill was non-certified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it is acknowledged, that there is some documentation of analgesic efficacy from the patient's entire medication regimen. However, there is no documentation that naproxen specifically is providing any analgesic benefit (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

Lidocaine 5% #20 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gels are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy

recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations, which are not in patch form. As such, the currently requested topical lidocaine is not medically necessary.

Tramadol 300mg ER #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is acknowledged, that there is some documentation of analgesic efficacy from the patient's entire medication regimen. However, there is no documentation that ultram specifically is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.

Duloxetine 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SNRIs (serotonin noradrenaline reuptake inhibitors).

Decision rationale: Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological

assessment. Within the documentation available for review, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the Cymbalta is being prescribed to treat depression, there is no documentation of depression, and no recent objective findings, which would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the currently requested duloxetine (Cymbalta) is not medically necessary.

Lyrica 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, it is acknowledged, that there is some documentation of analgesic efficacy from the patient's entire medication regimen. However, there is no documentation that Lyrica specifically is providing any analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. Antiepileptic drugs should not be abruptly discontinued but unfortunately, there is no provision to modify the current request. As such, the currently requested pregabalin (Lyrica) is not medically necessary.

Pantoprazole 40mg #40 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG

recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.