

Case Number:	CM15-0181553		
Date Assigned:	09/22/2015	Date of Injury:	03/06/2013
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/15/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 43 year old male who sustained an industrial injury on 3-6-13 when he miss-stepped, fell and felt a pull to his back. He is currently (7-19-15) working full time. Diagnoses include chronic low back pain; lumbar degenerative disc disease; lumbar canal stenosis 50%; myofascial pain; lumbosacral or thoracic neuritis or radiculitis; lumbar facet arthropathy. He currently (7-19-15) complains of constant, burning, pressure like pain in the back radiating down the left lower extremity to the ankle with tingling to the left sole; weakness and cramping of the left lower extremity and cramping of the left buttock. His pain level was 6 out of 10. His pain level from 1-16-15 through 6-26-15 was consistent at 8 out of 10. Medications control his pain 70%. He ambulates with a cane. On physical exam of the lumbar spine there was tenderness to palpation, positive percussion at L4-5 and S1. Diagnostics included MRI of the lumbar spine (7-13-15) showing a left disc protrusion at L4-5, moderate canal stenosis, bilateral foraminal narrowing; annual r bulge at L5-S1; electromyography-nerve conduction study (11-13-14) left L5 and S1 radiculopathy. Treatments to date include epidural injection (3-4-15) lasting 2-3 weeks with decrease in tingling; medications: Norco, gabapentin, cyclobenzaprine, omeprazole, LidoPro topical, escitalopram; home exercise program; transcutaneous electrical nerve stimulator unit with benefit; physical therapy; acupuncture without much benefit; chiropractic therapy without much benefit. The request for authorization for menthoderm #1; omeprazole 20mg #60; tramadol 37.5-325mg #60 (Utilization Review 8-24-15) evaluated #180 with 2 refills was dated 7-19-15. On 8-24-15 Utilization Review evaluated and non-certified the requests for menthoderm #1 based on no documentation of a trial of anti-

depressants and anti-convulsants and the request fails to meet MTUS 2009 guidelines; omeprazole 20 mg #60 based on no documentation of a clinical history indicating a risk for development of a gastrointestinal event and guidelines were not met; tramadol 37.5-325mg #180 based on no documentation of that the injured worker is tolerating the medication, no indication of pain control or functional improvement, no drug screen to insure compliance without risk of abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 7/19/14 Mentherm Qty: 1.00: 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): Topical Analgesics.

Decision rationale: Mentherm is methyl salicylate and menthol. Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p 105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)" However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others". Therefore, it would be optimal to trial each medication individually. The request is not medically necessary.

Retro 7/19/14 Omeprazole 20mg Qty: 60.00: 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, GI symptoms & cardiovascular risk.

Decision rationale: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxen plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" As there is no documentation of peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for my review, the injured worker's risk for gastrointestinal events is low, as such, the request is not medically necessary and cannot be affirmed.

Retro 7/19/14 Tramadol 37.5/325mg Qty: 180.00: 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, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Review of the available medical records reveals insufficient documentation to support the medical necessity of tramadol or sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the

treating physician in the documentation available for review. Though it was noted that medications reduced the injured worker's pain by 70%, it was noted in the records that the injured worker's pain was rated 6/10 from 1/2015 through 6/2015. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, therefore the request is not medically necessary and cannot be affirmed.