

Case Number:	CM15-0183211		
Date Assigned:	09/24/2015	Date of Injury:	06/27/2009
Decision Date:	11/24/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/17/2015

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 49 year old female, who sustained an industrial injury on 6-27-2009. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain and cervical spinal stenosis. On 8-21-2015, the injured worker reported severe neck pain, worse since her previous visit, with numbness, tingling, and weakness in the bilateral upper extremities, also worse since her previous visit. The Treating Physician's report dated 8-21-2015, noted the injured worker reported her pain was made better with rest, and medication helped improve her pain score from about a 10 out of 10 to about a 7-8 out of 10. An epidural steroid injection (ESI) in the past was noted to reduce her pain all the way down to about 2 out of 10 and improved her function by about 70-80%. The injured worker's current medications were listed as Ketamine cream, Protonix, Anaprox, Flexeril, Tramadol-APAP, Armour Thyroid, and Progesterone. Prior treatments have included physical therapy, cervical epidural steroid injection (ESI), and medication. The physical examination was noted to show significant tenderness around the cervical paraspinous and cervical neck region with hypertonicity along the bilateral trapezius and paraspinous parascapular region. The treatment plan was noted to include prescriptions for Protonix, Anaprox, Flexeril, Tramadol-APAP, and Ketamine, all having been prescribed since at least 7-6-2015. The injured worker's work status was noted to be permanent and stationary with permanent disability. The requests for authorization dated 7-10-2015 and 8-25-2015, requested Tramadol/APAP 37.5/325mg #90, Ketamine 5% cream 60gm, quantity: 1, Pantoprazole (Protonix) 20mg #60, Naproxen Sodium (Anaprox) 550mg #90, and Cyclobenzaprine (Flexeril) 7.5mg #90. The Utilization Review (UR) dated 9-1-2015,

determined the request for Tramadol/APAP 37.5/325mg #90 not medically necessary, however due to the nature of the drug weaning was recommended, the request for Ketamine 5% cream 60gm, quantity: 1 was not medically necessary, the request for Pantoprazole (Protonix) 20mg #60 was not medically appropriate-necessary, the request for Naproxen Sodium (Anaprox) 550mg #90 was not medically appropriate-necessary, and the request for Cyclobenzaprine (Flexeril) 7.5mg #90 was modified to approve #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90: 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 for chronic pain.

Decision rationale: The California MTUS Chronic Pain Medical Treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." The documentation submitted did not include functional improvement with the use of this medication. Functional improvement is defined as a decrease in work restrictions or improvement in activities of daily living, plus decreased dependence on medical treatment. There was no documentation of definite return to work or decrease in work restrictions, as a result of use of Tramadol, and office visits have continued at the same frequency. The requested treatment: Tramadol/APAP 37.5/325mg #90 is not medically necessary.

Ketamine 5% cream 60gm, quantity: 1: 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: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended

drug (or drug class) is not recommended for use. There is currently one Phase III study of Baclofen- Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. Records do not indicate that injured worker is not able to use oral medications. There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anticonvulsants. There is a lack of documentation that the injured worker is intolerant of other treatments, and treating provider has not provided any rationale for the request of this particular topical cream. In this injured worker, the medical necessity for the requested topical cream has not been established. Therefore, the request is not medically necessary.

Pantoprazole (Protonix) 20mg #60: 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: According to the California MTUS (2009), Protonix, is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. The injured worker is on NSAIDs, there is no documentation of GI symptoms or any identifiable risk factors. Also Anaprox is determined not medically necessary. The Requested Treatment: Protonix 20 MG Qty 60 is not medically necessary and appropriate.

Naproxen Sodium (Anaprox) 550mg #90: 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).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for non-steroidal anti-inflammatory drugs recommend use for acute conditions or for acute exacerbation of conditions for short-term therapy. It is recommended at lowest dose for the shortest period in patients with moderate to severe pain. Specific recommendations include osteoarthritis, back pain, and may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. Medical record did not include evidence of functional improvement with this medication and reduction in the dependency on continued medical treatment. There was no

evidence of an acute condition or an acute exacerbation of the condition that determined the medical necessity of the medication. The requested treatment: Naproxen Sodium (Anaprox) 550mg #90 is not medically necessary and appropriate.

Cyclobenzaprine (Flexeril) 7.5mg #90: 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): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter --Muscle relaxants.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records are not clear if this injured worker has any functional improvement from prior Cyclobenzaprine use. Based on the currently available information and per review of guidelines, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.