

Case Number:	CM15-0187117		
Date Assigned:	10/01/2015	Date of Injury:	11/27/2012
Decision Date:	12/03/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/23/2015

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, California
 Certification(s)/Specialty: Emergency 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 41 year old male who sustained an industrial injury on 11-27-12. The injured worker reported pain in the neck with radiation to the upper extremities as well as back pain with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine sprain strain, cervical radiculopathy, lumbar disc protrusion, lumbar radiculopathy, right shoulder osteoarthritis, right shoulder full rotator cuff tear and left hip internal derangement. Medical records dated 7-6-15 indicate pain rated at 4 to 5 out of 10. Provider documentation dated 7-6-15 noted the work status as temporary totally disabled. Treatment has included Ambien since at least March of 2015, Norco since at least March of 2015, Lorazepam since at least March of 2015, Tramadol since at least March of 2015, and topical analgesics since at least March of 2015. Objective findings dated 7-6-15 were notable for decreased lumbar range of motion, tenderness to palpation to the lumbar spine with positive left sided straight leg raise testing, lower extremities with decreased sensation to L5 and S1. The original utilization review (8-20-15) denied a request for Prilosec 20mg #60, Ambien 10mg #30, Somnicin #30, Genicin #90, Tramadol 50mg #60, Norco 325/10mg #100, Compound Rx: 180gm Gabacyclotran-Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%, Compound RX: 180gm Flurbi-NAP Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4% and Compound RX: 120ml Capsaicin 0.025%, Methylsalicylate, 25% Menthol 10%, lidocaine 2.5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Prilosec is not medically necessary based on the MTUS.

Ambien 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

Decision rationale: Ambien is a sedative, hypnotic agent that is prescribed for sleep. This medication is recommended for short term use and is not indicated in the treatment of chronic pain. Most recent documentation does not discuss the IW sleep patterns or reliance on this medication for sleep. Furthermore, the request does not include the frequency or dosing of medication. As such, the request for Ambien CR is not medically necessary.

Somnicin #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment, melatonin, vitamin B.

Decision rationale: Somnicin contains melatonin, 5-HTP, L-tryptophan, vitamin B6, and magnesium. The MTUS does not provide direction for the use of vitamins, minerals, or hypnotics other than benzodiazepines. The treating physician has not discussed these ingredients and their specific indications for this injured worker. There was no evidence of any specific nutritional deficiencies for which an amino acid, vitamin, or mineral would be

indicated. Melatonin alone may have indications for some medical conditions, including certain kinds of sleep disorders, per the Official Disability Guidelines citation above. The treating physician has not described any of these conditions. The treating physician has provided no evidence of a vitamin deficiency or any other specific indication for vitamin replacement. The Official Disability Guidelines citation above recommends against vitamin B for chronic pain. There is no medical necessity for Somnicin based on the guidelines and the available records.

Genicin #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: Glucosamine/ Chondroitin (for knee arthritis).

Decision rationale: Genicin is glucosamine. Ca MTUS is silent on this topic. According to the ODG guidelines, "Recommended as an option (glucosamine sulfate only) given its low risk, in patients with moderate knee pain. Several studies have demonstrated a highly significant efficacy of glucosamine on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment." The IW does not carry a diagnosis of arthritis of the knee. In addition, the request does not include frequency or dosing. Without the support of the guidelines or a complete prescription, Genicin is determined not medically necessary.

Tramadol 50mg #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): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of opiate pain medication to treat chronic pain. These recommendations state that 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. Tramadol is recommended for the treatment of moderate to severe pain. It is not recommended as a first line agent for treatment. The chart materials do not include a list of all the analgesic medications currently used or the IW response to each medication. There is not discussion of the IW functional status in relation to the different medications. It is unclear how long the IW has been taking Tramadol. The chart does not include urine drug screens. With the absence of this supporting documentation, the request for Tramadol is not medically necessary.

Lorazepam 1mg #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): Benzodiazepines.

Decision rationale: Ca MTUS guidelines state that benzodiazepines are "not recommended for long term use because long term efficacy is unproven and there is a risk of dependence." Furthermore, guidelines limited treatment duration to 4 weeks. Records support the IW has been taking Lorazepam for a minimum of 6 months. This clearly exceeds the recommended term of use and is not within CA MTUS guideline. In addition, the request does not include dosing or frequency. Without the support of the guidelines, the request for Lorazepam is not medically necessary.

Norco 325/10mg #100: 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, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that 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 included documentation fails to include the above recommended documentation. The IW has been taking this medication for a minimum of 3 months. There is not documentation of functional improvement or decreased pain specific to these medications. In addition, the request does not include dosing frequency or duration. Without the support of the documentation or adherence to guidelines, the request for opiate analgesia is not medically necessary.

Compound Rx: 180gm Gabacyclotran-Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%: 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: Ca MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is Gabapentin. Ca MTUS guidelines states that gabapentin is not recommended as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

Compound RX: 180gm Flurbi-NAP Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%: 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: This topical ointment consisting of the ingredients; Flurbi-NAP Flurbiprofen, Lidocaine, and Amitriptyline. According to CA MTUS chronic pain guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch Lidoderm patch the only commercially approved topical formulations of lidocaine for indicated neuropathic pain. For non-neuropathic pain, lidocaine is not recommended. The requested formulation is an ointment and not the approved patch. In addition, the request does not include the intended location or frequency of application. Without this information, the request is not medically necessary.

Compound RX: 120ml Capsaicin 0.025%, Methylsalicylate, 25% Menthol 10%, lidocaine 2.5%: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: This topical ointment consisting of the ingredients; capsaicin, lidocaine, menthol and methyl salicylate ointment. According to CA MTUS chronic pain guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch Lidoderm patch the only commercially approved topical formulations of lidocaine for indicated neuropathic pain. For non-neuropathic pain, lidocaine is not recommended. The requested formulation is an ointment and not the approved patch. In addition, the request does not include the intended location or frequency of application. Without this information, the request is not medically necessary.