MAXIMUS Federal Services

Case Number:	CM15-0188801		
Date Assigned:	09/30/2015	Date of Injury:	08/28/1998
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/25/2015

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: Tennessee, Florida, Ohio
Certification(s)/Specialty: Surgery, Surgical Critical Care

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old male with a date of industrial injury 8-28-1998. The medical records indicated the injured worker (IW) was treated for lumbar postlaminectomy syndrome; lumbosacral spondylosis; and sacroiliitis, other. In the progress notes (7-8-15), the IW reported bilateral low back pain and pain in the bilateral sacroiliac joints rated 7 to 8 out of 10. Medications included Norco, Gabapentin (since 4-2014), and Omeprazole, Fenoprofen (since at least 7-2015), Terocin patch (since at least 7-2015) and Ultram ER (since at least 7-2015). The provider stated there was a narcotic contract. On examination (7-8-15 notes), straight leg raise test was negative bilaterally and Faber test was strongly positive bilaterally. There was severe tenderness over the bilateral sacroiliac joints. Emergency room visit notes (8-26-15) indicated the IW was seen for lower back pain rated 10 out of 10 and his home meds were not working. The exam noted spasms and tenderness in the left lower lumbar paraspinal area. He was given an injection of Dilaudid and a prescription for Cyclobenzaprine 10mg three times daily as needed for spasms. Treatments included sacroiliac joint injections and radiofrequency ablations of the sacroiliac joint on the right (10-2014) and the left (4-2014), which provided 9 months to a year of pain relief. There was no indication in the records of when Percocet was prescribed and there were no urine toxicology results submitted. A Request for Authorization was received for Gabapentin 600mg #180, Cyclobenzaprine 7.5mg #90, Fenoprofen 400mg #60, Terocin cream (4% lidocaine), with two refills, Ultram ER 150mg #30 and Percocet 10-325mg #45. The Utilization Review on 9-11-15 non-certified the request for Gabapentin 600mg #180, Fenoprofen

400mg #60, Terocin cream (4% lidocaine), with two refills, Ultram ER 150mg #30 and Percocet 10-325mg #45, and modified Cyclobenzaprine 7.5mg #90 to allow #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #180,: Overturned

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: There is sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines state: "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Regarding this patient's case, the clinical records submitted do support the fact that this patient has neuropathic and radicular pain from lower spine disease. Neurontin is a first line medication for neuropathic pain. Therefore, based on the submitted medical documentation, the request for Neurontin is medically necessary.

Cyclobenzaprine 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 rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." This patient has been diagnosed with chronic back pain of the lower spine. Per MTUS, the use of a muscle relaxant is not indicated for anything but short-term use in pain patients. Therefore, based on the submitted medical documentation, the request for Cyclobenzaprine is not medically necessary.

Fenoprofen 400mg #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, NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend routine use of NSAIDS due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, medical necessity for fenoprofen prescription has not been established.

Terocin Cream 4% Lidocaine, with 2 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): Topical Analgesics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. Per the California MTUS Chronic Pain guidelines, topical analgesics are recommended as an option and are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. Terocin cream is a combination of methyl salicylate, capsaicin, menthol, and lidocaine. The FDA has designated topical lidocaine, in the formulation of a dermal patch, for neuropathic pain. No other commercially-approved topical formulation of lidocaine is indicated for neuropathic pain. The clinical information submitted for review fails to provide evidence of a failure to respond to antidepressants or anticonvulsants prior to the request for an initiation of a topical analgesic. Hence the request for Terocin is not appropriate or indicated by MTUS guidelines. Therefore, based on the submitted medical documentation, the request for Terocin is not medically necessary.

Ultram ER 150mg #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): Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per MTUS guidelines, "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction." Per ODG, Tramadol is associated with an increased risk for hypoglycemia requiring hospitalization. Although rare, tramadol-induced hypoglycemia is a potentially fatal, adverse event. "Hypoglycemia adds to mounting concerns about tramadol, a weak opioid, that counter the perception that it is a safer alternative to full opioids." This patient has low back pain, which is currently being treated with opioids. The patient is at risk for addiction due to his current opioid use. Therefore, based on the submitted medical documentation, the request for tramadol is not medically necessary.

Percocet 10/325mg #45: 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: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." 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, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Norco 10/325 is not medically necessary.