

Case Number:	CM15-0190032		
Date Assigned:	10/29/2015	Date of Injury:	12/04/2003
Decision Date:	12/11/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/28/2015

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

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 61 year old female, who sustained an industrial injury on 12-4-03. Medical records indicate that the injured worker is undergoing treatment for lumbosacral spine spondylosis, cervical facet arthropathy, cervicgia, arm pain, medication induced gastritis and chronic pain. The injured workers work status was noted to be permanent and stationary. On (8-26-15) the injured worker complained of neck pain and mid and low back pain. The injured worker also noted headaches related to Tylenol #3. The neck pain was constant and radiated to the bilateral upper extremities. Associated symptoms include numbness and tingling in the second and third digits of the right hand, burring in the right wrist and weakness in the bilateral upper extremities. The pain was rated 6-8 out of 10 on the visual analog scale. The mid back pain radiated to the left rib cage and was rated 5-7 out of 10. The low back pain was constant and worse on the left side. The pain as rated 5-6 out of 10. The injured worker had occasional radiating burning and stabling pain down the lower extremities to the calf. Associated symptoms include occasional numbness and tingling in the right foot to the digits. Objective findings revealed tenderness to palpation over the cervical spine with spasms and a decreased range of motion. Sensation in the upper extremities was intact. The injured worker had a positive facet challenge. The injured worker was noted to have ongoing stomach upset related to medications. A progress noted dated 7-1-15 notes the injured workers pain level to be 8 out of 10 without medications and 7-out of 10 with medications. Treatment and evaluation to date has included medications, urine drug screen (5-20-15), medial branch block, physical therapy, cervical epidural steroid injection, chiropractic treatments, acupuncture treatments, transcutaneous

electrical nerve stimulation unit and a cervical fusion. Current medications include omeprazole (since at least February of 2015), Tylenol with-Codeine (since at least February of 2015), Norco and Ketoprofen cream. The current treatment requests are for CM4-(capsaicin 0.5%-cyclobenzaprine 4%), omeprazole 20mg #60 and Tylenol-Codeine 300-30 #120. The Utilization Review documentation dated 9-2-15 non-certified the requests for CM4-(capsaicin 0.5%-cyclobenzaprine 4%) and omeprazole 20mg #60 and modified the request for Tylenol-Codeine 300-30 #40 (original request #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine 300/30mg #120: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 12/04/03 and presents with neck pain, arm pain, and back pain. The request is for APAP/Codeine 300/30 MG #120. The RFA is dated 08/26/15 and the patient is permanent and stationary. She has been taking this medication as early as 02/18/15 and treatment reports are provided from 02/18/15 to 08/26/15. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, opioids for chronic pain section, pages 80 and 81 states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The patient was diagnosed with lumbosacral spine spondylosis, cervical facet arthropathy, cervicalgia, arm pain, medication induced gastritis and chronic pain. The 07/01/15 treatment report indicates that she rated her pain as an 8/10 without medication and a 7/10 with medication. She denies other side effects. The 08/26/15 treatment report states that the patient rated her pain as a 6-8/10 for the neck, 5-7/10 for the mid back, and a 5-6/10 for the low back. In this case, not all of the 4 As are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy nor are there any validated instruments used either. There are no pain management issues discussed such as CURES report,

pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested APAP/Codeine is not medically necessary.

Omeprazole 20mg #60: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient was injured on 12/04/03 and presents with neck pain, arm pain, and back pain. The request is for Omeprazole 20 MG #60 for medication induced gastritis. The utilization review letter did not provide a rationale. The RFA is dated 08/26/15 and the patient is permanent and stationary. She has been taking this medication as early as 02/18/15. MTUS guidelines, NSAIDs GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient was diagnosed with lumbosacral spine spondylosis, cervical facet arthropathy, cervicgia, arm pain, medication induced gastritis and chronic pain. As of 08/26/15, the patient is taking Norco. Given that the patient continues to have GI complaints, the requested Omeprazole appears reasonable. Use of PPIs is indicated for GI issues, as this patient presents with. Therefore, the requested Omeprazole is medically necessary.

CM4-Caps 0.5% and Cyclo 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): Capsaicin, topical.

Decision rationale: The patient was injured on 12/04/03 and presents with neck pain, arm pain, and back pain. The request is for CM4-CAPS 0.5% and Cyclo 4%. The RFA is dated 08/26/15 and the patient is permanent and stationary. MTUS has the following regarding topical creams, Chronic Pain Section, page 111: "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine,

in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." MTUS, page 29, Capsaicin, topical, Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis osteoarthritis, fibromyalgia, and chronic non-specific back pain... Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The patient was diagnosed with lumbosacral spine spondylosis, cervical facet arthropathy, cervicgia, arm pain, medication induced gastritis and chronic pain. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine, which is not supported for topical use. Additionally, MTUS does not recommend Capsaicin concentrations higher than 0.025% as it provides no further efficacy. Therefore, the request is not medically necessary.