

Case Number:	CM15-0194596		
Date Assigned:	10/08/2015	Date of Injury:	08/08/2013
Decision Date:	12/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/05/2015

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: 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:

This injured worker is a 57 year old female who reported an industrial injury on 8-8-2013. Her diagnoses, and or impressions, were noted to include: right shoulder sprain-strain, contusion, internal derangement and pain; right shoulder impingement, osteoarthritis of the joint and tendinosis; bilateral knee sprain-strain; left knee tri-compartmental osteoarthritic changes and pain; lumbar sprain-strain with disc protrusions, annular tear and facet hypertrophy; lumbar neural foraminal stenosis. Recent magnetic imaging studies of the lumbar spine were done on 5-4-2015, of the right shoulder on 5-5-2015, of the left knee on 5-6-2015, and of the right knee on 5-7-2015; and x-rays of the bilateral knees were done on 6-18-2015. Her treatments were noted to include: 24 physical therapy sessions; 9 acupuncture treatments; right shoulder injection (8-26-15); medication management with toxicology studies; and rest from work. The progress notes of 8-31-2015 reported: right knee popping-slicking; low back pain, rated 9 out of 10, that radiated to the bilateral legs. The objective findings were noted to include: the use of a cane for support; tenderness and spasms to the lumbar spine, with positive bilateral straight leg raise; tenderness of the right knee. The physician's request for treatment was noted to include Methoderm ointment, Flexeril 10 mg, Omeprazole 20 mg, and Ultracet. The Request for Authorization, dated 7-20-2015, was noted to include Methoderm ointment, Flexeril 10 mg, Omeprazole 20 mg, and Ultracet for pain rated 9 out of 10. The Utilization Review of 9-8-2015 non-certified the request for Flexeril 10 mg, Methoderm ointment, Omeprazole 20 mg, and Tramadol 37.5 mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long-term use, the request is not medically necessary.

Menthoderm Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm049367.htm#MethylSalicylate>

Decision rationale: The request is for the use of a methyl salicylate cream for pain relief. The MTUS and ODG do not address this specific topic. The referenced source states the following: Many athletes use muscle ache creams that contain methyl salicylate. Also known as oil of wintergreen, methyl salicylate is an aspirin-type ingredient of many topical creams that relieves pain. Used correctly, creams containing methyl salicylate can provide temporary relief from minor aches and pains of muscles and joints associated with simple backache, arthritis, strains, bruises and sprains. As with all medications, misuse of these products can cause harm. Segal warns that products with methyl salicylate should not be used for more than seven days and should not be applied to wounds or damaged skin. They should not be used under a tight bandage, and contact with eyes should be avoided. FDA requires the labeling of any drug containing more than 5% methyl salicylate to include warnings that cover such precautions as keeping the product out of children's reach and using the product as directed. As indicated above, the use of this product for muscle aches is indicated for no more than seven days. In this case, further use would not be guideline-supported based on the duration of use. As such, the request is not medically necessary.

Omeprazole 20 MG: Upheld

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

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

Decision rationale: The request is for the use of a medication in the class of a proton pump inhibitor. It is indicated for patients with peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically. Criteria for risk are as follows: (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). Due to the fact the patient does not meet to above stated criteria, the request for use is not medically necessary.

Tramadol 37.5/325 MG Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Tramadol (Ultram)/Opioids.

Decision rationale: The request is for the use of the synthetic opioid medication tramadol. The official disability guidelines state the following regarding this topic: Recommended as an option. Tramadol is a centrally acting synthetic opioid analgesic and it provides inferior analgesia compared to a combination of Hydrocodone/acetaminophen. On-going management actions should include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 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. (Passik, 2000)(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain dairy that

includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management; (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (Webster, 2008); (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion); (g) Continuing review of overall situation with regard to non-opioid means of pain control; (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. (Sullivan, 2006) (Sullivan, 2005) (Wilsey, 2008) (Savage, 2008) (Ballyantyne, 2007) When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In this case, the use of this medication is not guideline-supported. This is secondary to inadequate documentation of functional improvement seen. As such, the request is not medically necessary.