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| Case Number: | CM15-0205442 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 05/01/2001 |
| Decision Date: | 12/28/2015 | UR Denial Date: | 10/09/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 May 01, 2001. The injured worker was diagnosed as having herniated lumbar disc. Treatments and diagnostic studies to date has included x-ray of the left shoulder, magnetic resonance imaging, status post multiple lumbar surgeries, and computed tomography of lumbar spine. In a progress note dated July 01, 2015 the treating physician reports complaints of significant pain to the low back. Examination performed on July 01, 2015 was revealing for weakness to the left leg and positive straight leg raises bilaterally. In addition to the chronic low back pain and insomnia, the IW complained of erectile dysfunction secondary to chronic use of opioids. The progress notes on July 01, 2015 and April 06, 2015 did not include the injured worker's numeric pain level as rated on a visual analog scale. The progress note from July 01, 2015 did not include the injured worker's current medication regimen, but did note that the medications Naproxen Sodium (to reduce pain and inflammation), Lunesta (for sleep), Tramadol ER (for pain), Methoderm Gel (for muscle spasms and pain), Cyclobenzaprine (for muscle spasms and pain), and Omeprazole for (gastrointestinal upset with the medications) were dispensed on this date. The available medical records did not specify the start date of these medications. The progress note from April 06, 2015 included a medication regimen that included MS Contin with the start date unknown. The treating physician requested Omeprazole 20mg with a quantity of 60, Tramadol 150mg with a quantity of 60, Cyclobenzaprine 7.5mg with a quantity of 120, and Methoderm Gel 240gm. On October 09, 2015 the Utilization Review determined the retrospective requests for Omeprazole 20mg with a quantity of 60 and Tramadol 150mg with a quantity of 60 for the date

of services of August 04, 2015 to be modified. On October 09, 2015 the Utilization Review denied the retrospective requests for Cyclobenzaprine 7.5mg with a quantity of 120 and Menthoderm Gel 240gm for the date of service of August 04, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Omeprazole 20mg #60 (DOS: 8/4/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complication in the elderly and patients with a significant history of gastrointestinal disease high. The records did not show a history of gastritis or NSAIDs induced complications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dose for the shortest duration to minimize the incidence of NSAIDs induced gastrointestinal complication. The criteria for the Retrospective use of omeprazole 20mg #60 (DOS: 8/4/2015) was not met. The request is not medically necessary.

Retro: Cyclobenzaprine 7.5mg #120(DOS: 8/4/15): 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): Cyclobenzaprine (Flexeril), Medications for chronic pain, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, exercise and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative agents. The records indicate that the duration of utilization of cyclobenzaprine had exceeded that guidelines recommend maximum duration of 4 to 6 weeks. The patient is utilizing multiple sedative medications concurrently. The criteria for Retroactive use of Cyclobenzaprine 7.5mg #120 (DOS 8/4/2015) was not met. The request is not medically necessary.

Retro: Mentherm Gel 240gm (DOS: 8/4/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Nonprescription medications, Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when first line anticonvulsant and antidepressant medications have failed. The records did not show subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The records did not show that treatment with first line medications have failed. The Mentherm product contains methyl salicylate 15% and menthol 10%. There is lack of guidelines support for the utilization of salicylate and menthol for the treatment of chronic musculoskeletal pain. The criteria for Retroactive use of Mentherm Gel 240gm (DOS 8/4/2015) was not met. The request is not medically necessary.

Retro: Tramadol 150mg #60 (DOS: 8/4/15): 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): Chronic pain programs, opioids, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatment with NSAIDs, non opioid analgesics, exercise and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative agents. The records did not show guidelines recommend compliance monitoring of serial UDS reports, absence of aberrant behavior, failure of treatment with anticonvulsant and antidepressant co-analgesic, CURES data reports or objective findings of functional restoration. The records indicate that the patient was previously utilizing high doses of MS Contin. The lack of objective findings of functional restoration despite chronic utilization of high doses of opioids is indicative of development of opioid induced hyperalgesia. The criteria for Retrospective use of Tramadol 150mg #60 (DOS 8/4/2015) was not met. The request is not medically necessary.