

Case Number:	CM15-0206084		
Date Assigned:	10/22/2015	Date of Injury:	08/01/2013
Decision Date:	12/29/2015	UR Denial Date:	10/19/2015
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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 54 year old male, who sustained an industrial injury, August 1, 2013. The injured worker was undergoing treatment for displacement of lumbar intervertebral disc without myelopathy, cervicalgia, disorders of the bursa and tendon in shoulder region, internal derangement of the knee and lumbago. According to progress note of September 30, 2015, the injured worker's chief complaint was low back spasms and bilateral shoulder stiffness, left greater than the right. The numbness of the bilateral lower extremities was getting worse when standing longer than 30 minutes. The injured worker complained of constant neck and low back pain which radiated into the left shoulder and upper arm. The pain was described as moderate, sharp, burning and deep aching. The injured worker was weakness and numbness in the left leg. The pain was aggravated by activity. Low back pain was 60% of the pain. The left leg was bigger than the right leg. The pain was stable on the current medications. The injured worker reported functional improvement with the use of analgesic medications with moderate relief. The physical exam noted tenderness to palpation over the posterior aspect of the shoulder. The Hawkin's test was positive. The examination of the lumbar spine noted tenderness with palpation over the left lumbar paraspinal muscles consistent with spasms. There was positive lumbar facet loading maneuver on the left. The straight leg raises were negative in the seated and supine position. The injured worker previously received the following treatments physical therapy, chiropractic therapy without lasting benefit; right shoulder steroid injection, Gabapentin since May 18, 2015, Ultram ER 150mg since May 18, 2015, Omeprazole 20mg since May 18, 2015 and Menthoderm 15% since May 18, 2015. The RFA (request for authorization) dated September

30, 2015; the following treatments were requested prescriptions for Methoderm 15% analgesic gel 120ml, Ultram ER 150mg #30, Omeprazole 20mg #90 and Gabapentin 600mg #90. The UR (utilization review board) denied certification on September 30, 2015; for prescriptions for Methoderm 15% analgesic gel 120ml, Ultram ER 150mg #30, Omeprazole 20mg #90 and Gabapentin 600mg #90 on September 30, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm 15% analgesic gel 120ml #1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, Salicylate topicals.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Salicylate topicals are however recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) The injured worker is reported to be experiencing pain and functional improvement with his current regimen, the continued use is appropriate, therefore the request for Methoderm 15% analgesic gel 120ml #1 is medically necessary.

Ultram ER 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records reveal documentation of pain and functional improvement with the use of his current regimen which includes tramadol, continued use is appropriate, therefore the request for Ultram ER 150mg #30 is medically necessary.

Omeprazole 20mg #60: 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: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 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). Per the ODG, PPI's are "Recommended for patients at risk for gastrointestinal events. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011) However a review of the injured workers medical records did not reveal documentation of past or current gastrointestinal complaints that would indicate that the injured worker is at increased risk for a gastrointestinal event. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.

Gabapentin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per the MTUS, anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief

and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A review of the injured workers medical records reveal documentation of pain and functional improvement with the use of his current regimen which includes gabapentin, continued use is appropriate, therefore the request for Gabapentin 600 mg #90 is medically necessary.