

Case Number:	CM15-0214560		
Date Assigned:	11/04/2015	Date of Injury:	07/27/2007
Decision Date:	12/16/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/01/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 74 year old female, who sustained an industrial injury on 7-27-07. The injured worker was diagnosed as having depressive disorder; chronic pain syndrome; displacement of lumbar intervertebral disc without myelopathy; fibromyalgia-myofascial pain. Treatment to date has included medications. Currently, the PR-2 notes dated 9-22-15 indicated the injured worker complains of chronic lower back pain. She has maintained her condition over the last number of years with a regimen of anti-inflammatory medication. She reports her condition remains relatively stable with continued chronic pain symptoms primarily in the lower back region. She reports the anti-inflammatory and topical agents are helpful but have not been authorized to continue. She reports the denial of these medications has increased her pain to the point she cannot walk as usual. She reports she has been walking 2 miles a day. The provider notes, "She notes she has worsened in the past few months without the use of topical analgesics. She has reduced her functional activity level and is less able to tolerate her activities of daily living. She is encouraged to restart her waling regimen as tolerated. She is quite distraught over being unable to receive her topical medications for the past year or so. She notes she sometimes vomits with the use of oral NSAIDS and granted her age, she should use the lowest dose possible of oral NSAIDS for risk of bleeding or CV events. We agreed to re-trial of a lido-topical patch and a cream. She was advised to not use simultaneously with oral NSAIDS." A PR-2 note dated 3-2-15 indicates these medications were prescribed at that time. A Request for Authorization is dated 11-1-15. A Utilization Review letter is dated 10-1-15 and non-certification for Nabumetone 500mgs #60 with 2 refills; Terocin 4% adhesive patch #30, 2 refills and Ultracin 0.25% 28% 10% 2120ml tube with 2 refills. A request for authorization has been received for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mgs #60 with 2 refills: 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).

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there is record of using nabumetone regularly over many months leading up to this request, providing stated benefit, although this benefit was not quantified and did not include specific functional gains directly related to nabumetone being used regularly. Regardless, this medication is not recommended for long-term use as it had been used due to significant side effect risks, especially considering the worker's age. Therefore, this request for nabumetone is not medically necessary at this time.

Terocin 4% adhesive patch #30, 2 refills: 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): Topical Analgesics.

Decision rationale: Terocin patch has the ingredients lidocaine and menthol. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, previous topical analgesic preparations being denied led to the proposal by the provider to use Terocin patches. However, topical lidocaine is only recommended for neuropathy and this worker does not have evidence of neuropathy to warrant this request. Nor was there any trial of first line drugs for neuropathy if this assumption is incorrect. Therefore, the request for Terocin is not medically necessary.

Ultracin 0.25% 28% 10% 2120ml tube with 2 refills: Overturned

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): Capsaicin, topical, Salicylate topicals.

Decision rationale: Ultracin is a topical analgesic, which contains methyl salicylate, capsaicin, and menthol. The MTUS Chronic Pain Guidelines state that topical analgesics are considered experimental, especially combination products. The Guidelines also state that topical capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. Doses over 0.025% capsaicin have no studies to prove more benefit than lesser strengths. In order to justify continuation of topical capsaicin, there needs to be evidence of functional improvement as well as measurable pain reduction. The MTUS Chronic Pain Treatment Guidelines state that topical salicylates, such as methyl salicylate, are significantly better than placebo in chronic pain and are recommended, considering their low risk. However, in order to justify continuation chronically, there needs to be evidence of functional benefit. Considering other treatment methods have failed and oral NSAIDs being not recommended, as well as other topical analgesics not being appropriate for this worker, it is reasonable to trial this combination analgesic (Ultracin) which at least contains ingredients which are not contraindicated for this worker. Continued use of this product, however, would need to be justified by showing clear functional gain and pain level reduction with its use. This request is medically necessary.