

Case Number:	CM15-0217768		
Date Assigned:	11/09/2015	Date of Injury:	11/25/2013
Decision Date:	12/23/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/05/2015

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: 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 30 year old, male who sustained a work related injury on 11-25-13. A review of the medical records shows he is being treated for low back pain. In the progress notes dated 8-4-15 and 10-7-15, the injured worker reports persistent low back pain that radiates with numbness, tingling, and cramping in both legs down to toes. He rates the pain a 4-5 out of 10. He reports that medications "decrease his pain by about 40-50% temporarily." He feels the "Flexeril cream" helps him to relax and sleep better. Upon physical exam dated 10-7-15, he has tenderness over bilateral lumbar facets. He has pain with lumbar facet loading bilaterally. He has limited lumbar range of motion due to pain. Treatments have included 14 chiropractic treatments-good relief, medications, home exercises and steroid injections. Current medications include Ultracet (Tramadol), Neurontin (Gabapentin) and topical creams. No notation on working status. The treatment plan includes requests for medication refills. The Request for Authorization dated 10-7-15 has requests for CM4 caps-Cyclo cream, Gabapentin and Tramadol. In the Utilization Review dated 10-29-15, the requested treatment of Gabapentin 600mg. #60 was modified to Gabapentin 600mg. #30. The requested treatment of CM4 caps 0.05% and Cyclo 4% is not medically necessary. The requested treatment of Tramadol-Acetaminophen 37.5-325mg. #60 was modified to Tramadol-Acetaminophen 37.5-325mg. #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #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): Antiepilepsy drugs (AEDs).

Decision rationale: Based on the 10/07/15 progress report provided by treating physician, the patient presents with persistent low back pain that radiates with numbness, tingling, and cramping in both legs down to toes, rated 4-5/10. The request is for Gabapentin 600 MG #60. Patient's diagnosis per Request for Authorization form dated 10/07/15 includes thoracic and lumbar herniated nucleus pulposus, thoracic stenosis, and lumbar facet arthropathy. Physical examination of the lumbar spine on 10/07/15 revealed tenderness over bilateral lumbar facets and limited range of motion. Positive facet loading bilaterally. Treatment to date has included imaging and electrodiagnostic studies, injections, chiropractic, home exercise program and medications. Patient's medications include Gabapentin, Tramadol and topical creams. The patient is temporarily totally disabled, per 04/15/15 report. MTUS, Antiepilepsy drugs (AEDs) Section, pages 18 and 19 has the following regarding Gabapentin: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." Gabapentin (Neurontin) has been included in patient's medications per progress reports dated 04/09/15, 05/18/15, and 10/07/15. It is not known when this medication was initiated. Per 10/07/15 report, treater states "medications help to decrease [the patient's] pain by about 40-50% temporarily and he is able to walk about 10 minutes longer and increase his activity level. He denies any negative side effects to the medications." In this case, the patient continues with radicular pain and treater has documented benefit from medication. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

CM4 caps 0.05% 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): Topical Analgesics.

Decision rationale: Based on the 10/07/15 progress report provided by treating physician, the patient presents with persistent low back pain that radiates with numbness, tingling, and cramping in both legs down to toes, rated 4-5/10. The request is for CM4 CAPS 0.05% AND CYCLO 4%. Patient's diagnosis per Request for Authorization form dated 10/07/15 includes thoracic and lumbar herniated nucleus pulposus, thoracic stenosis, and lumbar facet arthropathy. Physical examination of the lumbar spine on 10/07/15 revealed tenderness over bilateral lumbar facets and limited range of motion. Positive facet loading bilaterally. Treatment to date has

included imaging and electrodiagnostic studies, injections, chiropractic, home exercise program and medications. Patient's medications include Gabapentin, Tramadol and topical creams. The patient is temporarily totally disabled, per 04/15/15 report. MTUS, Topical Analgesics section, page 111 has the following: 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Per 10/07/15 report, treater states "medications help to decrease [the patient's] pain by about 40-50% temporarily and he is able to walk about 10 minutes longer and increase his activity level. He is also utilizing Flexeril cream, which helps him to relax and go to sleep. He is able to sleep about 1-2 hours more per night with the topical cream. He denies any negative side effects to the medications." However, MTUS page 111 states that if one of the compounded topical products 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 in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Tramadol/APAP 37.5/325 mg #60: 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: Based on the 10/07/15 progress report provided by treating physician, the patient presents with persistent low back pain that radiates with numbness, tingling, and cramping in both legs down to toes, rated 4-5/10. The request is for TRAMADOL/APAP 37.5/325 MG #60. Patient's diagnosis per Request for Authorization form dated 10/07/15 includes thoracic and lumbar herniated nucleus pulposus, thoracic stenosis, and lumbar facet arthropathy. Physical examination of the lumbar spine on 10/07/15 revealed tenderness over bilateral lumbar facets and limited range of motion. Positive facet loading bilaterally. Treatment to date has included imaging and electrodiagnostic studies, injections, chiropractic, home exercise program and medications. Patient's medications include Gabapentin, Tramadol and topical creams. The patient is temporarily totally disabled, per 04/15/15 report. 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." Tramadol (Ultracet) has been included in patient's medications per progress reports dated 04/09/15, 05/18/15, and 10/07/15. It is not known when this medication was initiated. Per 10/07/15 report, treater states "medications help to decrease [the patient's] pain by about 40-50% temporarily and he is able to walk about 10 minutes longer and increase his activity level. He denies any negative side effects to the medications." In this case, treater has discussed analgesia and adverse effects in addressing the 4A's. However, a thorough discussion on how Tramadol significantly improves patient's activities of daily living has not been provided. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, and no UDS's, opioid pain agreement or CURES reports were provided. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.