

Case Number:	CM15-0032209		
Date Assigned:	02/25/2015	Date of Injury:	04/21/2008
Decision Date:	04/13/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/20/2015

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: California, Hawaii
 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 40-year-old female, who sustained an industrial injury on April 21, 2008. The injured worker has reported low back pain. The diagnoses have included lumbar sprain/strain, major depressive disorder, left hip strain, left trochanteric bursitis, chronic pain disorder and total hip replacement. Treatment to date has included pain medication, MRI of the lumbar spine, topical analgesics and a shoulder injection. Current documentation dated February 10, 2015 notes that the injured worker complained of worsening low back pain radiating down the left lower extremity. Associated symptoms include numbness and tingling. The injured worker's current medication regime was noted to be effective and assisted the injured worker with activities of daily living. The injured worker was noted to have an antalgic gait. No physical examination of the lumbar spine was noted. Prior documentation notes that the injured worker's lumbar spine examination showed a decreased lordosis, spasms, guarding and a positive straight leg raise test. On February 19, 2015 Utilization Review non-certified a request for Orphenadrine-Norflex ER 100 mg # 90, Hydrocodone-APAP 10/325 mg # 120, Capsaicin 0.075% cream and Ketamine 5% cream 60 gm. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-norflex ER 100mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The patient has ongoing pain in the low back with associated pain, numbness and tingling down the left lower extremity to the toes. The current request is for Orphenadrine-Norflex ER 100mg #90. Orphenadrine (Norflex) is a muscle relaxant. The attending physician notes that the patient had a trial with Soma but it was ineffective. He was on Flexeril previously with some benefit, but the patient did not feel it provided adequate relief. Because of that, the attending physician switched to Norflex ER, which the patient found more beneficial. The patient reported 50% improvement in his pain with the use of his medication. The records indicate the patient experienced functional improvement in his ability to walk for exercise and sit/stand for longer periods of time with less pain. The attending physician also notes that the patient would be using this medication intermittently for periodic flare-ups of his chronic condition. The MTUS guidelines do recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is evidence that the patient experiences exacerbations of his chronic condition. The guidelines specifically recommend against long-term use of muscle relaxants. The attending physician does note that he understands that this medication is for short-term use of his chronic condition during flare-ups. He has documented pain relief and improved function with the medication. It is also noted that the patient uses the medication intermittently for exacerbations. As such, the request is supported by medical evidence and the recommendation is for authorization.

Hydrocodone-APAP 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Hydrocodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient has ongoing pain in the low back with associated pain, numbness and tingling down the left lower extremity to the toes. He also complains of shoulder pain. The current request is for Hydrocodone-APAP 10/325mg #120. The attending physician states that the patient continues to have persistent low back pain, hip and shoulder pain. He notes that without his medication he is not able to perform his activities of daily living (ADLs). He is able to walk further with less pain, pick up his kids from school, put on clothes, and shower with less pain. He is also able to continue his physical therapy and home exercise program for the left hip. He notes that without the medication the patient is unable to perform most of his ADLs. He notes that the patient's pain level is reduced by 50% with his medication. He also notes that the patient is stable with his medication, without signs of overutilization or divergence from his

medication. He notes that a recent DEA CUREs report indicates he receives his medication only from his office. He denies any signs of aberrant or addictive behavior. Hydrocodone-APAP is a combination medication, which combines hydrocodone with acetaminophen to treat moderate to severe pain. Hydrocodone is a short acting opioid medication for the treatment of either acute or chronic pain. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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. In this case, there is clear documentation of the 4 A's. The attending physician clearly documents decreased pain and improved function with this medication. He clearly lists improved activities of daily living. The physician has ruled out adverse side effects and aberrant drug taking behavior. The available documentation supports medical necessity per the MTUS guidelines. As such, recommendation is for authorization.

Capsaicin 0.075% cream: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient has ongoing pain in the low back with associated pain, numbness and tingling down the left lower extremity to the toes. The current request is for Capsaicin .075% cream. In the attending physician report dated 2/23/15 (21 b), the physician notes that the patient has low back pain that travels down the posterolateral thigh and into his leg. The pain also goes into his toes and is associated with numbness and tingling. He also complains of numbness and weakness. Physical examination demonstrates weakness in ankle eversion and dorsiflexion on the left. MRI scan demonstrates moderate left neuroforaminal narrowing and impingement of the left exiting L5 nerve root. MTUS guidelines recommend as an option, although largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin specifically is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). In this case, the patient has received extensive conservative management including PT, lumbar ESI, HEP and oral medications, but continues to be symptomatic. Thus, the patient has failed primary and secondary modalities. His physical exam findings, complaints and diagnostic studies are consistent with radiculopathy. Therefore, the available documentation provides support of medical necessity for Capsaicin. As such, the recommendation is for authorization.

Ketamine 5% cream 60gr: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Ketamine Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient has ongoing pain in the low back with associated pain, numbness and tingling down the left lower extremity to the toes. The current request is for Ketamine 5% cream 60 grams. In the attending physician report dated 2/23/15 (21 b), the physician notes that the patient has low back pain that travels down the posterolateral thigh and into his leg. The pain also goes into his toes and is associated with numbness and tingling. He also complains of numbness and weakness. Physical examination demonstrates weakness in ankle eversion and dorsiflexion on the left. MRI scan demonstrates moderate left neuroforaminal narrowing and impingement of the left exiting L5 nerve root. The MTUS has the following to say about Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. In this case, the patient has received extensive conservative management including PT, lumbar ESI, HEP and oral medications, but continues to be symptomatic. Thus, the patient has failed primary and secondary modalities. His physical exam findings, complaints and diagnostic studies are consistent with radiculopathy. While the MTUS guidelines specifically mention CRPS and post-herpetic neuralgia, they certainly do not rule out other forms of neuropathic pain such as radiculopathy. Therefore, the available documentation provides support of medical necessity for Capsaicin. As such, the recommendation is for authorization.