

Case Number:	CM15-0032910		
Date Assigned:	02/26/2015	Date of Injury:	12/31/2004
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/23/2015

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 is a 60-year-old male who sustained an industrial injury on 12/31/2004. Diagnoses include lumbar intervertebral disc displacement without myelopathy, cervical intervertebral disc disorder with myelopathy, sciatica, status post lumbar discectomy, muscle disease atrophy and brachial plexus lesions. Treatment to date has included medications, acupuncture, physical therapy, and aquatic therapy. A physician progress note dated 01/17/2015 documents the injured worker complains of whole body pain. Pain is rated as a 6 on a scale of 1-10. The discomfort is noticeable approximately 100% of the time. He has numbness and tingling in the upper extremities. The injured worker also complains of dizziness. There is palpable tenderness at the anterior right and left shoulder, left and right cervical dorsal, upper thoracic, lumbar, left sacroiliac, right sacroiliac, sacral, cervical and right and left cervical. Cervical range of motion is decreased. Treatment requested is for Cyclobenzaprine 10mg #30, One (1) MRI lumbar of the spine, One (1) urine toxicology, Prilosec 20mg #30, Topical compound FCL (Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5%) 180gm, Tramadol 50mg #120. On 01/28/2015 Utilization Review non-certified Cyclobenzaprine 10mg #30 and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines. The request for a lumbar Magnetic Resonance Imaging was non-certified and cited was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM). The request for urine toxicology was denied and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines. The request for Prilosec 20mg, #30 was denied and cited was Official Disability Guidelines, and

California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines. Topical compound FCL (Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5%) 180gm was non-certified and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines. The request for Tramadol was non-certified and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI lumbar of the spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI for the lumbar spine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS states that lumbar spine imaging should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion and should be reserved for cases in which surgery is considered or red-flag diagnoses are being considered. A review of the injured workers medical records that are available to me show that there has been no emergence of any red-flags that would warrant imaging, there was also no documentation of surgical considerations and therefore based on the injured workers clinical presentation and the guidelines the request for MRI Lumbar Spine is not medically necessary at this time.

Topical compound FCL (Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications; Lidocaine.

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

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. There is no evidence for use of any muscle relaxants as a topical product. A review of the injured workers medical records that are available to me does

not show a trial of recommended first line agents that have failed, therefore the request for topical compound FCL (Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5%) 180gm is not medically necessary.

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, and persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. In the injured workers medical records that are available to me, there was no documentation of improved functioning and pain per the MTUS criteria for on-going management and the patient is demonstrating increasing pain despite opioid therapy which may represent hyperalgesia. Therefore the request for Tramadol 50mg #120 is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68 and 69.

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). A review of the injured workers medical records that are available to me do not establish that the injured worker is at increased risk for gastrointestinal events and therefore the request for Prilosec 20mg #30 is not medically necessary.

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril; Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41 and 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).Cyclobenzaprine (Flexeril).

Decision rationale: Regarding the request for Cyclobenzaprine, the MTUS recommends a short course of this medication as an option in the management of chronic pain. The effect of cyclobenzaprine is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. A review of the injured workers medical records shows he has had long-term use of Cyclobenzaprine and therefore the request for Cyclobenzaprine 10mg #30 is not medically necessary.

Urine Toxicology QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing UDT; Opiates, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).Urine Drug Testing.

Decision rationale: Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, however the MTUS did not address frequency of drug testing therefore other guidelines were consulted. Per the ODG Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with co-morbid psychiatric pathology. Patients at high risk of adverse outcomes may require testing as often as once per month. This category generally includes

individuals with active substance abuse disorders. A review of the injured workers medical records shows that he has been on multiple opioids and is still reporting increasing pain, therefore based on his clinical presentation and the guidelines the request for Urine Toxicology QTY 1 is medically necessary.