

Case Number:	CM15-0038901		
Date Assigned:	03/09/2015	Date of Injury:	10/10/1986
Decision Date:	04/21/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 74 year old female who has reported widespread pain after a motor vehicle accident (per a few reports), and of gradual onset (per most reports) on 10/10/1986. The diagnoses have included neck pain, headaches, degenerative disc disease, cervical facetal pain, right shoulder pain and myofascial pain. Treatment to date has included medications, injections, acupuncture, physical therapy, and electrical stimulation. She has apparently not worked since 2004. She has been treated by several different physicians over the years. Medications used during 2012-2014 included benazepril, topiramate, Voltaren gel, Norco, carisoprodol, MS Contin, gabapentin, Cymbalta, Opana, Celebrex, and meloxicam. The records from the prior treating physician do not show specific functional benefit from any treatment during this time period. One report mentioned a drug test, with no results listed or discussed. The current primary treating physician has seen this injured worker since 12/5/14. At the initial evaluation current medications were reported to help with pain. No current medications were listed. There was pain, spasm, and tender points in the neck and shoulder region. Norco, MS Contin, omeprazole, and Flector were prescribed without any discussion of specific indications or past use. Subsequently the physician has noted pain relief of up to 50% with unspecified medications. Function has not been addressed. No recent reports contain any drug test results or a discussion of a drug testing program. Per the PR2 of 2/3/15, there was pain in the neck and shoulder region rated as 5/10. Flector patches are not working and the injured worker requested Medrox ointment which was prescribed previously. She was not working, and was retired. There was spasm and tender points. The treatment plan included Medrox, Norco, MS Contin, carisoprodol, omeprazole, and

Flector. There was no discussion of the specific indications and results for any of the medications. No reports record vital signs or discuss possible toxicity of any medications. On 2/18/15 UR non-certified Flector, Norco, MS Contin, omeprazole, Medrox, and carisoprodol. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% with three refills (12/5/2015 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs for Back Pain - Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, NSAIDs, specific drug list & adverse effects, topical analgesics Page(s): 60, 68, 68, 70, 111-113.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is monitoring for toxicity as recommended by the FDA and MTUS, particularly for diclofenac, which has an elevated cardiovascular risk profile. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The MTUS states that NSAIDs for arthritis are "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. The MTUS notes the indications for topical NSAIDs. They are indicated, if at all, for peripheral pain, not axial. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings. Therefore, the request is not medically necessary.

Norco 10/325 mg, 120 count with three refills (12/5/2015 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 91, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is no evidence that the current or past treating physicians have been prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The current treating physician did not discuss the past results of using opioids and continued them without evidence an opioid therapy program in accordance with the MTUS recommendations. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of increased function from the opioids used to date. The injured worker has failed the "return-to-work" criterion for opioids in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, medications were given as a group, making the determination of results, side effects, and benefits very difficult to determine. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore, the request is not medically necessary.

Omeprazole 20 mg, thirty count with three refills (12/5/2015 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 69.

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

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. Proton pump inhibitors (PPIs) are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

Medrox ointment #10 (2/3/2015 order): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Medications for chronic pain Page(s): 111-113, 60.

Decision rationale: No reports from the treating physician address the medical necessity for Medrox or discuss the specific components and their respective indications for this injured worker. Medrox is Capsaicin 0.0375%/Menthol 5%/Methyl Salicylate 5%; this combination of medications is not recommended in the MTUS. The MTUS does not recommend 0.0375% capsaicin, as medical evidence is lacking. When indicated, capsaicin is for injured workers who have not responded to other treatments. Capsaicin was dispensed before the injured worker had failed adequate trials of other customary treatment. The MTUS page 60 does not recommend initiating multiple medications simultaneously, as this makes determination of benefit and side effects impossible. In this case, Medrox contains multiple medications (one of which is not recommended), and the MTUS does not support this kind of prescribing. Medrox is not medically necessary based on the MTUS.

Norco 10/325 mg, 120 count with three refills (2/3/2015 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 91, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is no evidence that the current or past treating physicians have been prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The current treating physician did not discuss the past results of using opioids and continued them without evidence an opioid therapy program in accordance with the MTUS recommendations. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of increased function from the opioids used to date. The injured worker has failed the "return-to-work" criterion for opioids in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, medications were given as a group, making the determination of results, side effects, and benefits very difficult to determine. As currently prescribed, this opioid does not meet the criteria for long

term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore, the request is not medically necessary.

MS contin 30 mg, 45 count with three refills (2/3/2015 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 91, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is no evidence that the current or past treating physicians have been prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The current treating physician did not discuss the past results of using opioids and continued them without evidence an opioid therapy program in accordance with the MTUS recommendations. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of increased function from the opioids used to date. The injured worker has failed the "return-to-work" criterion for opioids in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, medications were given as a group, making the determination of results, side effects, and benefits very difficult to determine. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore, the request is not medically necessary.

Carisoprodol 350 mg, twenty count with three refills (2/3/2015 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 - 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, Carisoprodol (Soma) Page(s): 63-66, 29.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for more than a year. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, carisoprodol is categorically not recommended for chronic pain. Note its habituating and abuse potential. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Omeprazole 20 mg, thirty count with three refills (2/3/2015 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 - 65.

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

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Co-therapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

Flector patch 1.3%, thirty count with three refills (2/3/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs for Back Pain - Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, NSAIDs, specific drug list & adverse effects, topical analgesics Page(s): 60, 68, 68, 70, 111-113.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. The treating physician stated that Flector was not providing benefit for this injured worker. Therefore they should not have been continued. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is monitoring for toxicity as recommended by the FDA and MTUS, particularly for diclofenac, which has an elevated cardiovascular risk profile. The MTUS does not recommend chronic NSAIDs for low

back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The MTUS states that NSAIDs for arthritis are "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. The MTUS notes the indications for topical NSAIDs. They are indicated, if at all, for peripheral pain, not axial. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings. Therefore, the request is not medically necessary.

MS Contin 20 mg, 45 count with three refills (12/5/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is no evidence that the current or past treating physicians have been prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The current treating physician did not discuss the past results of using opioids and continued them without evidence an opioid therapy program in accordance with the MTUS recommendations. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of increased function from the opioids used to date. The injured worker has failed the "return-to-work" criterion for opioids in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, medications were given as a group, making the determination of results, side effects, and benefits very difficult to determine. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore, the request is not medically necessary.