

Case Number:	CM15-0082621		
Date Assigned:	05/05/2015	Date of Injury:	03/16/2011
Decision Date:	09/14/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/29/2015

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 York

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 52 year old male, who sustained an industrial injury on 3/16/2011. The current diagnoses are lumbar sprain and displacement of lumbar intervertebral disc without myelopathy. According to the progress report dated 3/26/2015, the injured worker complains of constant pain in the bilateral lower back, left greater than right. There is radiation into his left lower extremity associated with numbness and tingling. The pain is described as sharp, aching, throbbing, and stabbing. The pain is rated 8/10 on a subjective pain scale. He notes his pain is worsening. Physical examination of the lumbar spine reveals moderate paraspinal tenderness, muscle guarding, and spasms bilaterally. Range of motion is limited and painful. Treatment to date has included medication management, MRI studies, heat, and medial branch block. The plan of care includes prescriptions for Tramadol, Duexis, Flurbiprofen, TGIce, pain management consultation/ treatment, autonomic nervous system diagnostic testing, and orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids, specific drug list; Opioids, state medical boards guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker complains of chronic radicular low back pain. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Tramadol. With MTUS guidelines not being met, the request for Tramadol 50mg #120 with 4 refills is not medically necessary.

Duexis #100 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Duexis (Ibuprofen & famotidina).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Duexis (ibuprofen & famotidine).

Decision rationale: Duexis is a combination of ibuprofen 800 mg and famotidine (Pepcid) 26.6 mg, indicated for the treatment of rheumatoid arthritis and osteoarthritis. This medication may also be used to prevent stomach ulcers in patients taking Nonsteroidal anti-inflammatory drugs (NSAIDs). Per ODG, Duexis is not recommended as a first-line drug and with less benefit and higher cost, using it as a first-line therapy is not justified. Documentation shows that the injured worker complains of chronic low back pain, with no significant improvement in pain or level of function on current medication regimen. The medical necessity for using Duexis instead of less costly anti-inflammatory drugs has not been established. The request for Duexis #100 with 4 refills is not medically necessary by lack of functional improvement and by guidelines.

Pain management consultation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33, 49.

Decision rationale: Multidisciplinary pain programs or Interdisciplinary rehabilitation programs combine multiple treatments, including physical treatment, medical care and supervision, psychological and behavioral care, psychosocial care, vocational rehabilitation and training and education. Per MTUS guidelines, Outpatient pain rehabilitation programs may be recommended if previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, if the patient has a significant loss of ability to function independently resulting from the chronic pain and if the patient is not a candidate where surgery or other treatments would clearly be warranted. The injured worker is under active treatment for chronic low back pain. Documentation shows that Pain management Consultation has been completed in the past and there is lack of evidence to support that all other treatment modalities have been recommended and deemed unsuccessful. In the absence of treatment failure, MTUS guidelines for Pain Management have not been met. The request for Pain management consultation and treatment is not medically necessary.

Autonomic nervous system diagnostic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Current perception threshold (CPT) testing; Neck Chapter, Voltage actuated sensory nerve conduction (testing); Neck Chapter, Current perception threshold (CPT) testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Autonomic Nervous System Function Testing and Other Medical Treatment Guidelines
<http://www.mayoclinic.org/diseases-conditions/autonomic-neuropathy/http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3278937/>.

Decision rationale: Autonomic neuropathy is a possible complication of some types of diseases such as Diabetes and Reflex Sympathetic Dystrophy. Various procedures are utilized as diagnostic tools to detect fiber neuropathy and autonomic dysfunction, most of which are for research purposes. Autonomic nervous system testing can be grouped into three categories, sudomotor, cardiovagal innervation, and vasomotor adrenergic innervation. ODG does not recommend Autonomic Nervous System Function Testing as a diagnostic test. The injured worker complains of chronic radicular low back pain. Per guidelines, the request for Autonomic nervous system diagnostic testing is not medically necessary per guidelines.

Flurbiprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. There is little to

no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Flurbiprofen 20% is not medically necessary.

TGIce: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. There is little to no research to support the use of many of these agents. TGIce cream is a topical analgesic containing Tramadol, Gabapentin, Menthol, Camphor and Capsaicin. MTUS states that the use of topical Gabapentin is not recommended and Tramadol is not FDA approved for topical application. MTUS provides no evidence recommending the use of topical Menthol or Camphor. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for TGIce is not medically necessary.

Orthopedic consultation; rhizotomy procedure as recommended by [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to position a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Chart documentation indicates that the injured worker is undergoing active treatment for chronic low back pain. Not having reached maximum medical therapy at the time of the request under review, the request for Orthopedic consultation is appropriate. The request for Orthopedic consultation; rhizotomy procedure as recommended by [REDACTED] is medically necessary.