

Case Number:	CM15-0099499		
Date Assigned:	06/02/2015	Date of Injury:	11/07/2005
Decision Date:	07/03/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/22/2015

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 58 year old female, who sustained an industrial injury on 11/07/2005. She reported a fall while working as an office assistant. The injured worker was diagnosed as having lumbar discopathy with disc displacement, status post lumbar fusion x2, lumbar radiculopathy, post laminectomy syndrome, chronic pain syndrome, and coccydynia. Treatment to date has included diagnostics, multiple lumbar spinal surgeries, and medications. Currently (4/20/2015), the injured worker complains of continued residual bilateral sacroiliac joint pain and tailbone pain. She also reported several episodes of her legs giving out, bilateral feet swelling, and worsened morning pain to the point that she is unable to get out of bed. She reported that her current pain regime helped to keep her pain under control. Medications included Prilosec, Ultram ER, Norco, and Oxycontin. Topical compound creams were also utilized. Exam of the cervical spine revealed tenderness to palpation in the cervical paraspinals and occipital cervical junction, decreased range of motion secondary to pain and stiffness, and positive Spurling's sign bilaterally. Exam of the lumbar spine noted a well-healed incision in the midline lumbar area, with tenderness to palpation in the lumbar paraspinals and over the bilateral sacroiliac joints. FABER/Patrick's maneuver and supine straight tests were positive. Motor strength in the lower extremities was 5/5 and sensation was diminished to light touch and pinprick. Deep tendon reflexes were 1+ throughout and both toes were down going. The treatment plan included topical compound creams (Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375%), pain management specialty referral, urine toxicology testing, home health care, and oral medications (Prilosec, Ultram ER, Norco, Oxycontin ER). Urine toxicology

(3/19/2015) was inconsistent with prescribed medications. The medication regimen appeared consistent for several months. The treatment plan included continued medications (prescribed and dispensed), referral to pain specialist, home health care to aid with activities of daily living, and urine toxicology. Work status remained total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Gram Flurbiprofen 25 Percent/Menthol 10 Percent/Camphor 3 Percent/Capsaicin .0375 Percent Topical Cream: 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): 111-113.

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 anti-convulsants 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. 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 and therefore the request for 30 Gram Flurbiprofen 25 Percent/Menthol 10 Percent/Camphor 3 Percent/Capsaicin .0375 Percent Topical Cream is not medically necessary.

120 Gram Flurbiprofen 25 Percent/Menthol 10 Percent/Camphor 3 Percent/Capsaicin .0375 Percent Topical Cream: 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): 111-113.

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 anti-convulsants 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. 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 and therefore the request for 120 Gram Flurbiprofen 25 Percent/Menthol 10 Percent/Camphor 3 Percent/Capsaicin .0375 Percent Topical Cream is not medically necessary.

Home Health Care: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: Per the MTUS, recommended only for otherwise recommended medical treatment for patients who are home-bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. A review of the injured workers medical records that are available to me reveal that she is fully ambulant with normal motor strength, bulk and tones in bilateral upper and lower extremities and is not home-bound. Medical treatment does not constitute personal care and activities of daily living when this is the only care needed, there was no other type of medical treatment documented and therefore based on the guidelines the request for Home health care is not medically necessary.

Ultram ER (Tramadol HCL) 150 MG Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96, 113.

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long terms users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. Unfortunately from a review of the injured workers medical records she is continuing to have pain significant enough to warrant a visit to the emergency room and she does not appear to be having a favorable response to opioid therapy at this time and therefore the continued use of ultram is not medically necessary.

Norco 10/325 MG Qty 140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 89, 95).

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation 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. In the maintenance phase the dose should not be lowered if it is working. 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, 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. Unfortunately from a review of the injured workers medical records she is continuing to have pain significant enough to warrant a visit to the emergency room and she does not appear to be having a favorable response to opioid therapy at this time and therefore the continued use of Norco is not medically necessary.

OxyContin ER 80 MG Qty 210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 89, 95).

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation 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. In the maintenance phase the dose should not be lowered if it is working. 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, 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. Unfortunately from a review of the injured workers medical records she is continuing to have pain significant enough to warrant a visit to the emergency room and she does not appear to be having a favorable response to opioid therapy at this time and therefore the continued use of OxyContin is not medically necessary.