

Case Number:	CM14-0120366		
Date Assigned:	08/06/2014	Date of Injury:	07/16/1991
Decision Date:	09/26/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year-old male patient with a 7/16/1991 date of injury. The mechanism of th injury was not described. On a 4/28/14 exam the patient states his back has been bothering him a lot recently. Objective findings reveal the patient is having a great deal of pain on the right side of his lower back. Medications give some relief. The patient states he does not want an anti-inflammatory injection, even though he says he is hurting. There have been no recent MRIs. Findings on a 2006 MRI revealed degenerative disc disease of the lower thoracic spine. With regards to the lumbar spine L1-2 and L2-3 were the only unremarkable levels. L4-5 and L5-S1 revealed degenerative disc disease with 2-3mm diffuse bulging. The patients work status is permanently disabled. The diagnostic impression is thoracic pain syndrome, thoracic disc injury, lumbar pain syndrome, lumbar disc injury, lumbar degenerative intervertebral disc, muscle spasms, and orthopedic device pain syndrome. Treatment to date: Anti-inflammatory injections, and medication management. A UR decision dated 7/14/2014 denied the requests for Norco 7.5/325mg #150 for 6 months, Lyrica 75mg #60 for 6 months, Celebrex 200mg #30 for 1 year, tramadol 50mg #180 for 1 year, and capsaicin cream 0.075% 3gm for 1 year. The rationale for denial of the request for Norco 7.5/325mg was that CA MTUS guidelines state that there must be an ongoing review to show improved pain relief and functionality to support chronic opiate use. The patient has been on the same dose of Norco since at least 3/27/12 and continued use is not appropriate. The rationale for denial of the request for Lyrica 75mg was that the reports indicate that the patient has been taking Lyrica for an extended period of time, since at least 7/15/13. There is no evidence of neuropathic pain in the reports and functional abilities do not appear to have been improved by this medication. The rationale for the denial of the request for Celebrex 200mg was that there was no evidence of any acute exacerbation of low back pain. NSAIDS should be taken at the lowest dose for the shortest period according to the guidelines. The

patient has been taking this medication in the past without any noted improvement. The rationale for denial of the request for tramadol 50mg was that CA MTUS guidelines state the patient must display continued functional improvement to continue its use. The patient has been using tramadol since at least 3/27/12. Without ongoing review this medication is not appropriate. The rationale for denial of the request for Capsaicin .0075% was that CA MTUS guidelines state that capsaicin may be recommended as an option for patients that have not responded to or are intolerant to other treatments. Its efficacy is considered moderate to poor. There should be an effort to reassess efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Prescription of Norco 7.5/325mg #150 for 6 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient has been on Norco at the same dose and frequency since at least 3/27/12 according to the documentation. CA MTUS guidelines for chronic opiate use require the ongoing review and documentation of pain relief and improvement in functionality. However, there is no documentation of functional improvement or continued analgesia from this patient's current medication regimen. There is no evidence of lack of aberrant behavior or adverse side effects. There is no discussion of CURES monitoring, an opiate contract, or urine drug screens. Therefore, the prospective request for 1 prescription of Norco 7.5/325mg #150 for 6 months is not medically necessary.

Prospective Request for 1 Prescription of Lyrica 75mg #60 for 6 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

Decision rationale: MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. The reports show that this patient has been taking Lyrica since at least 7/15/13. However, there is no documentation of clearly defined neuropathic pain.

Furthermore, there is no evidence of any improvement in the patient's functionality from the use of this medication. Therefore, the request for 1 prescription of Lyrica 75mg #60 for 6 months is not medically necessary.

Prospective Request for 1 Prescription of Celebrex 200mg for 1 Year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDs in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. The documentation reveals that the patient has been taking Celebrex since at least 10/14/13. CA MTUS guidelines state that a NSAID should be taken at the lowest dose for the shortest period possible. The patient has been taking Celebrex long-term without any noted evidence of improvement. Furthermore, it is noted that the patient has developed GI symptoms as the result of NSAID therapy. Therefore, the request for 1 Prescription of Celebrex 200mg for 1 year is not medically necessary.

Prospective Request for 1 Prescription of Tramadol 50mg #180 for 1 Year: Upheld

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

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

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. The patient has been using tramadol since at least 3/27/12. CA MTUS guidelines for opiate use for chronic pain require ongoing review of pain relief and improvement of functionality. However, there is no documentation of functional improvement or continued analgesia from the patient's current use of tramadol. There is no evidence of lack of aberrant behavior or adverse side effects. There is no discussion of CURES monitoring, an opiate contract, or urine drug screens. Therefore, the request for 1 prescription of Tramadol 50mg #180 for 1 year is not medically necessary.

Prospective Request for 1 Prescription of Capsaicin Cream 0.075 3gm for 1 Year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical: Recommended Only as an Option in Patients who Have not Responded or are Intolerant to Other Treatments.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is being utilized as a topical analgesic. CA MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy and safety. Guidelines state that topical analgesics are recommended primarily for neuropathic pain after trials of first-line oral antidepressants and anticonvulsants have failed. There is no clear documentation of neuropathic pain or any first-line failures. Furthermore, the guidelines do not recommend use of topical capsaicin in amounts greater than 0.025%. This preparation is 3 times that amount. Therefore, the request for 1 prescription for Capsaicin 0.075% 3gm for 1 year is not medically necessary.