

Case Number:	CM14-0095078		
Date Assigned:	09/15/2014	Date of Injury:	12/15/2008
Decision Date:	10/15/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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:

According to the provided documents, this is a 51-year-old woman who was injured on 12/15/2008. Documents indicate the patient has low back and bilateral knee pain as well as right hip pain secondary to compensation. She also sees a psychiatrist. The IMR application indicates that the date of the utilization review determination letter was 6/6/14 with a diagnosis of sciatica. The disputed medications are Norco 10/325 mg #180; Colace 250 mg #60; terocin patches #20, Protonix 20 mg #60, tramadol ER 100 mg #30, Flexeril 7.5 mg #60 and Lidopro lotion 4 ounces. The current prescriber of the disputed medications is an orthopedist. There is a 8/25/14 report, not available at the time of the original review, indicating injections into the lower back giving temporary relief, she has had 4 injections in the right knee without any relief. She has left knee pain, persistent low back pain and muscle spasm, stiffness and tightness. She uses a cane for stability and sometimes her legs give out. She has had access to bracing, hot and cold wraps, and low back brace. She needs refills of stool softeners and pain medications. She needs MRI of her knee. She was given Norco, Colace, Flexeril, LidoPro lotion and terocin patches. Protonix was provided for stomach upset. These were r also prescribed 7/22/14. Pain management evaluation of 7/9/14 noted the patient was using the same 4 medications and in addition also lorazepam, a benzodiazepine, and tramadol ER 100 mg. Her psychotropic medications were also mentioned. A 6/23/14 orthopedic report noted that prescriptions were given for the Norco, Colace, terocin patches, proton X, tramadol ER 150 mg and Flexeril 7.5 mg. Terocin patches and lidopro were also given. There is a 5/20/14 Orthopedic report, likely the requesting report, that indicated that the patient was there for the chronic low back pain and right hip pain. She also has ankle pain and has carpal tunnel. The pain management physician gave her right sacroiliac injections with no improvement on hip pain and therefore she should have a hip workup. She continues with the psychiatrist and psychotropic medications. There is said to be excruciating pain in the right hip.

Low back pain is a bit better. Objectively, there is tenderness in the back, and in both knees. Knee motion extends 100 flexion is 120, there is wrist tenderness with a positive Tinel's, in the ankle there is a positive anterior drawer test and instability. There are multiple diagnoses including discogenic lumbar condition with radicular component, internal derangement of the knee on the right, internal derangement of the knee on the left, carpal tunnel syndrome, stenosing tenosynovitis right thumb, tear of the anterior talofibular ligament right ankle, issues with sleep, depression/sexual dysfunction. Psychotropic medications or Effexor, trazodone, Wellbutrin. There was a 11/26/13 orthopedic report which included prescriptions of the Norco, Flexeril, lorazepam for anxiety, Docuprene for constipation, gabapentin for neuropathic pain, tramadol ER 150 mg for long-acting pain relief, LidoPro lotion 4 ounces, protonix 20 mg for upset stomach twice a day, terocin patch for topical relief. Hyalgan injections were planned. The submitted records indicate that these medications were regularly refilled on a monthly basis through August 2014, except for tramadol which was mentioned in July 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, opioids Page(s): 74-75,78-79.

Decision rationale: Norco is one brand name for hydrocodone, an opiate combined with acetaminophen, an analgesic. It comes in a variety of doses. Hydrocodone is a short acting opioid analgesic. Use of this medication has apparently been ongoing and chronic. Ongoing management of opiates per MTUS guidelines should include the lowest possible dose to improve pain and function. There is no mention of the actual daily frequency of use of the medication, but the records indicate this patient regularly gets #180 per month. Earliest mention of a prescription of this medication in the documents provided was November 2013. There should be ongoing monitoring of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or nonadherent drug behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). There is minimal mention in the reports of the patients daily activities. The documentation of the remainder of these factors is lacking to support the medical necessity for ongoing use of the opiate. Patient has required ongoing treatment including pain management injections, injections for the knees and there is no documentation of any decrease in need for medical treatment. Medical treatment is ongoing and involves at least 3 physicians. MTUS guidelines also state that opiates should be discontinued when there is no overall improvement in function which is also not documented in the reports. Thus, taking into consideration the evidence and the guidelines the continued use of the Norco is not medically necessary.

Colace 250mg, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://reference.medscape.com/drug/colace-dss-docusate-342012>

Decision rationale: MTUS/ODG guidelines do not address use of laxatives or stool softeners for treatment of chronic pain or constipation. Colace is a brand name of a medication called docusate which is in the class of laxatives and stool softeners. This has been prescribed for constipation secondary to chronic opiate use, but the documents actually never documented any complaints of constipation. However, since ongoing opiate use is not supported by MTUS guidelines continued use of Colace for side effects from the opiates would not be supported. Therefore, based upon the evidence and references, this is not considered to be medically necessary.

Terocin Patches, #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 Part 2, Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>

Decision rationale: Per the above website, these patches contain 4% menthol and 4% lidocaine. MTUS guidelines do not support use of topical menthol in combination with topical lidocaine. Regarding topical lidocaine, guidelines recommend use for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is no mention of any localized peripheral neuropathic pain. The report does not state where on the body the patient puts these. Use has been chronic and there is no evidence of functional benefit from use. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.

Protonix 20mg, #60: 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 Part 2, NSAIDs, G.I. symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://reference.medscape.com/drug/protonix-pantoprazole-342001>

Decision rationale: The reports indicate this patient is taking this for upset stomach. Use of this has been chronic now over 6 months. Its prescribed every month. This is a proton pump inhibitor. MTUS guidelines support use of proton pump inhibitors, specifically omeprazole, a different proton pump inhibitor, for prophylaxis against gastrointestinal side effects from use of NSAIDs. This is not applicable since the patient is not taking any nonsteroidal anti-inflammatory medication. Medscape indicates that this is useful for treating erosive esophagitis associated with GERD, short term treatment of GERD, Zollinger-Ellison Syndrome and off label for Peptic Ulcer Disease. There is no indication the patient has a diagnosis of any of these upper gastrointestinal illnesses. There is also no indication that the chronic use has been helpful. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.

Tramadol ER 100mg, #30: 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 Part 2, Opioids Page(s): 74-96.

Decision rationale: This is also known as Ultram. This is an extended-release opioid formulation. For continued chronic use of opioids, MTUS guidelines recommend documenting what are described as the 4 domains or the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) these are not mentioned in the reports. There is also no mention of any urine drug screening as recommended by MTUS guidelines. MTUS guidelines recommend discontinuing opioids if there is no overall improvement in function. The documents indicate that the patient has ongoing pain complaints in multiple body parts that require ongoing treatment including invasive pain management procedures and other injections. Use has been chronic and exceeds 90 days. Thus, based upon the evidence and the guidelines continued use of the tramadol is not medically necessary.

Flexeril 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, muscle relaxants Page(s): 63-64.

Decision rationale: Flexeril is a sedating muscle relaxant also known as cyclobenzaprine. MTUS guidelines specifically only recommend this medication for a short course of therapy. Guidelines state that evidence does not allow for a recommendation for chronic use. The greatest effect is said to be within the 1st 4 days of treatment. Use longer than 2-3 weeks is not supported. The medical records clearly document that the use of this medication is chronic. Furthermore there does not appear to have been any objective functional benefit from it's chronic use. There is

no other rationale to support chronic use either. Thus, based upon the evidence and the guidelines, this is not considered to be medically necessary.

LidoPro Lotion 4 Ounces: 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 part 2, topical and as Jesus Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/sfx/lidopro-side-effects.html>

Decision rationale: According to the above website, this contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. MTUS guidelines do not support use of 0.0352% strength of the capsaicin and lidocaine is only supported for topical use in a patch formulation. Additionally, despite use greater than 90 days there has not been any documentation that use of this medication topically has resulted in any functional benefit. There is no rationale for treatment outside of guidelines documented. Thus, based upon the evidence and the guidelines, this is not considered to be medically necessary.