MAXIMUS Federal Services

Case Number:	CM14-0141554		
Date Assigned:	10/09/2014	Date of Injury:	07/19/2009
Decision Date:	03/20/2015	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/02/2014

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. 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 67 year old male with an injury date on 07/19/2009. Based on the 07/28/2014 progress report provided by [redacted], the diagnoses are: 1. Lumbago, 2. Lumbar radiculopathy, 3. Right hip pain. According to this report, the patient complains of burning low back pain, more intense on the right; and right hip pain at 6/10. 'The pain is associated with radiating pain into the buttock and to the bottom of the right foot, numbness and tingling into the bilateral lower extremities, greater n the right leg. Prolonged sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs, and stooping would aggravate the pain. The patient states that the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. He denies any problems with the medications. Exam of the lumbar spine reveals tenderness over the lumbar paraspinal muscles and the lumbosacral junction. Range of motion is deceased. Pain with heel and toe walk and squat is approximately 30% of normal. Straight leg raise is positive, bilaterally. Exam of the right hip reveals tenderness over the right trochanter. Slightly decreased sensation to pin-prick and light touch is noted at the L4, L5, and S1 dermatomes, bilaterally. Motor strength of the bilateral lower extremities is decreased secondary to pain. The 06/02/20-14 report indicates the patient's pain is a 5-7/10 and medication does offer him temporary relief of pain. The 04/10/2014 report indicates the patient uses a cane to walk. There is anatalgic lean to the left.' The patient reports limited activities due to pain to the low back and has difficulty walking with right groin/linguinal pain. MRI of the lumbar spine on 03/15/2014 indicates 5mm focal right lateral disk protrusion at L3-4 moderately narrows the right foramen and abuts the right L3 nerve root;

bony sclerosis within the pars interarticularis bilaterally at L5; and osteoarthritic changed at l4-5 and L5-S1. Urine toxicology reports are included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 08/25/2014. [redacted] is the requesting provider, and he provided treatment reports from 04/10/2014 to 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/ml (unknown quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS ; CRITERIA FOR USE OF OPIOIDS Page(s):.

Decision rationale: According to the 07/28/2014 report by [redacted] this patient presents with low back pain, more intense on the right; and right hip pain at 6/10. The treater is requesting Synapryn 10mg/ml (unknown quantity). Synapryn (Tramadol) was first mentioned in the 04/21/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Regarding medication the treater indicates, 'The patient states that the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. He denies any problems with the medications." No other documentations are provided regarding Tramadol. Although pain scale is used, there are no before and after scales to show analgesia from the opiate. Only general statements are used for function without specific ADL's, return to work or change in work status attributed to Tramadol. Recent urine toxicology reports were provided for review but no other aberrant drug seeking behavior is discussed such as CURES and compliance. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Tabradol 1mg/ml 1 tsp 2-3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Tabradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, (for pain) Page(s): 64,63.

Decision rationale: According to the 07/28/2014 report by [redacted] this patient presents with low back pain, more intense on the right; and right hip pain at 6/10. The treater is requesting Tabradol 1mg/ml 1 tsp 2-3 times a day. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of available records indicates this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treater is requesting Tabradol and this medication were first noted in the 04/21/2014 report. Tabradol is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, recommendation is for denial.

Deprizine 15mg/ml 2 tsp once daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: According to the 07/28/2014 report by [redacted] this patient presents with low back pain, more intense on the right; and right hip pain at 6/10. Patient's current medications are Synapryn, Tabradol, Deprizine, Dicopanol, Fanatrex, and Terocin patches. The treater is requesting Deprizine 15mg/ml 2 tsp once daily. Deprizine was first mentioned in the 04/21/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state PPI's are recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Reviews of report do not show that the patient has gastrointestinal side effects with medication use. Patient is currently not on NSAID. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Recommendation is for denial.

Dicopanol 5mg/ml 1ml at bedtime, may increase as tolerated to max 5ml ud: 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 Official Disability Guidelines (ODG) Mental illness & stress chapter, Diphenhydramine (Benadryl)

Decision rationale: According to the 07/28/2014 report by [redacted] this patient presents with low back pain, more intense on the right; and right hip pain at 6/10. The treater is

requesting Dicopanol 5mg/ml 1ml at bedtime, may increase as tolerated to max 5ml ud. Dicopanol is diphenhydramine 5mg/ml in an oral suspension with other proprietary ingredients. Regarding diphenhydramine, ODG guidelines state "sedating antihistamines are not recommended for long-term insomnia treatment. The AGS updated Beers criteria for inappropriate medication use includes diphenhydramine (AGS, 2012)." Review of reports does not show the patient has sleeping issue. In this case, the treater is requesting Dicopanol and this medication was first noted in the 04/21/2014 report. Dicopanol is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, recommendation is for denial.

Fanatrex (Gabapentin) 25mg/ml 1 tsp tid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19 and 49.

Decision rationale: According to the 07/28/2014 report by [redacted] this patient presents with low back pain, more intense on the right; and right hip pain at 6/10. The treater is requesting Fanatrex (Gabapentin) 25mg/ml 1 tsp tid. Fanatrex was first mentioned in the 04/21/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of reports indicates that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treater does not mention that Fanatrex is working or not working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Recommendation is for denial.

Terocin patches (unknown quantity): 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 Topical Cream Page(s): 111-113.

Decision rationale: According to the 07/28/2014 report by [redacted] this patient presents with low back pain, more intense on the right; and right hip pain at 6/10. The treater is requesting Terocin patches (unknown quantity). The patient states patches are helping. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of reports indicates that the patient has lower extremities neuropathic pain but is not localized. Furthermore, Lidoderm

patches are not recommended for axial back pain but for peripheral, localized neuropathic pain. Recommendation is for denial.

Periodic UA toxicological evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, urine drug testing

Decision rationale: According to the 07/28/2014 report by [redacted] this patient presents with low back pain, more intense on the right; and right hip pain at 6/10. The treater is requesting periodic UA toxicological evaluation. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends a once a year urine screen following initial screening within the first 6 months for management of chronic opiate use in a low risk patient. In this case, medical records indicate the patient has a recent UDS's on 07/28/2014 and 06/06/2014. There is no discussion regarding the patient adverse behavior with opiates use. The treater does not explain why another UDS is needed. There is no discussion regarding this patient' opiate use risk. Recommendation is for denial.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (http://odg-twc.com/odgtwc/low_back.htm#MRIs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter; Magnetic resonance imaging

Decision rationale: According to the 07/28/2014 report by [redacted] this patient presents with low back pain, more intense on the right; and right hip pain at 6/10. The treater is requesting MRI of lumbar spine. Regarding a repeat MRI study, ODG states "it is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Review of the reports from 04/10/2014 to 07/28/2014 shows no discussion as to why the patient needs a repeat MRI of the lumbar spine. There are no progression of neurologic deficits and no new injury. The patient is not post-operative. In this case, the request for a repeat MRI of lumbar spine is not in accordance with the guidelines. Recommendation is for denial.

Physiotherapy (x18) for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the 07/28/2014 report by [redacted] this patient presents with low back pain, more intense on the right; and right hip pain at 6/10. The treater is requesting MRI of lumbar spine. Regarding a repeat MRI study, ODG states "it is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Review of the reports from 04/10/2014 to 07/28/2014 shows no discussion as to why the patient needs a repeat MRI of the lumbar spine. There are no progression of neurologic deficits and no new injury. The patient is not post-operative. In this case, the request for a repeat MRI of lumbar spine is not in accordance with the guidelines. Recommendation is for denial.

Chiropractic (x18) for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: According to the 07/28/2014 report by [redacted] this patient presents with low back pain, more intense on the right; and right hip pain at 6/10. The treater is requesting Chiropractic (x18) for lumbar spine. Regarding chiropractic manipulation, MTUS recommends it as an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, review of reports shows the patient has had chiropractic care recently, but unknown number of sessions and time frame. There was no documentation of functional improvement. Without this information, one cannot consider additional treatments. While MTUS guidelines allow up to 18 sessions of chiro treatments following initial trial of 3-6, in this case, chiro therapy treatment history is not known. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Recommendation is for denial.