

Case Number:	CM14-0214185		
Date Assigned:	01/07/2015	Date of Injury:	09/03/2008
Decision Date:	03/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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: Pennsylvania
 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:

This is a 60 year-old female who has reported low back pain after strapping a child into a harness on 9/03/2008. The diagnoses include lumbar pain with radiculopathy. Additional medical history includes hypertension. Previous treatments include acupuncture, oral and topical medications, physical therapy, and chiropractic therapy. The primary treating physician has been prescribing Motrin, Prilosec, and tramadol for what appears to be more than a year. Per the report of 11/06/2014, there was ongoing low back pain, leg pain, and spasm. Pain was 5/10. It was stated that there were no adverse reactions to medications, and also that there was 'GI upset' with pain medications. There was no discussion of the specific results of using any medication. The treatment plan included lidocaine cream, cyclobenzaprine cream, and refills of Motrin, Prilosec, and tramadol. It was documented at the visit on 11/6/14 that there had been no functional change since the last examination on 2/12/14. Work status was modified. There was no mention whether the injured worker was working. There was a brief mention of a urine drug test (UDT) on 2/20/14 that had expected results. A screening urine drug screen was performed, which was negative for the drugs tested, including opiates [not clear that tramadol was assayed]. The next office visit was 'prn' (as needed). The utilization review was performed on 12/09/2014, and partially-certified Motrin, Tramadol, and Prilosec. Lidocaine cream and cyclobenzaprine cream were non-certified. The Utilization Review cited the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Motrin 600 mg #60 with 3 refills with a dos of 11/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain NSAIDs for Back Pain - Acute exacerbations of chronic pain Back.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show specific benefit, functional or otherwise. Systemic toxicity is possible with nonsteroidal anti-inflammatory agents (NSAIDs). The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The treating physician has been dispensing NSAIDs for months and probably years, which is counter to the recommendations of the MTUS for treatment of back pain. The primary treating provider (PTP) has not scheduled any follow-up visits to monitor toxicity in spite of the risks as noted included risk of elevated blood pressure and the injured worker's history of hypertension. Motrin as prescribed for chronic, long term use is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Retrospective request for Tramadol 50 mg #60 with 3 refills with a dos of 11/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Opioids, steps to avoid misuse/addiction indications, Chronic back pain Mec.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Drug testing is not random, as it is performed at the office visits. The prior results were not presented in the records. The most recent screening test does not appear to have even tested for tramadol. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The primary treating physician did not schedule a follow-up visit to monitor opioid use, as would be indicated per all usual guidelines including the MTUS. As currently prescribed, tramadol does

not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Retrospective request for Prilosec 20 mg #60 with 3 refills with a dos of 11/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. The very brief reference to gastrointestinal upset with medications is not an adequate basis for prescribing long term PPIs, as PPIs are not benign. If one were to presume that a medication were to be the cause of the gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any attempts to determine the cause of symptoms, including minimal attempts to adjust medications. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

Retrospective request for Lidocaine 5% cream 120 mg with 3 refills with a dos of 11/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Topical Medications Page(s): 60; 111-113.

Decision rationale: Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. The physician documented that creams were prescribed to decrease muscle spasm and reduce frequency of medication intake. The injured worker has been prescribed several medications for pain. In addition to any other reason for lack of medical necessity for this topical agent, it is not medically necessary on this basis at minimum. The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. The topical Lidocaine cream is not medically necessary based on the MTUS.

Retrospective request for Cyclobenzaprine cream 60 gm with 3 refills with a dos of 11/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Topical Medications Page(s): 60; 111-113.

Decision rationale: Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. The physician documented that creams were prescribed to decrease muscle spasm and reduce frequency of medication intake. The injured worker has been prescribed multiple medications for pain. In addition to any other reason for lack of medical necessity for this topical agent, it is not medically necessary on this basis at minimum. Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. The topical cyclobenzaprine cream is therefore not medically necessary.