

Case Number:	CM15-0011425		
Date Assigned:	01/29/2015	Date of Injury:	07/02/2009
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/21/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 69 year old male who sustained an industrial related injury on 7/2/09. The injured worker had complaints of low back pain that radiated into bilateral legs. Treatment included psychotherapy. The most recent note is from 5/14 by his primary treating physician. Medications were said to reduce pain intensity. Physical examination findings included decreased lumbar range of motion, positive straight leg raise tests bilaterally, spasm and tenderness of lumbar paraspinal muscles. Decreased range of motion was noted in bilateral knees, positive crepitus, and tenderness over the medial and lateral joint line were noted. Diagnoses included chronic pain syndrome, herniated lumbar disc with radiculitis, status post left knee arthroscopy on 3/7/10, right knee internal derangement, anxiety, depression, and insomnia. The treating physician requested authorization for retrospective Naproxen Sodium 550mg #60, retrospective Capsaicin Cream 120g a 30 day supply, retrospective Ketoprofen cream 120g a 30 day supply, retrospective Tramadol HCL 50mg #60, retrospective Diazepam 10mg #30, and retrospective Hydrocodone-APAP 10/325 #60. On 12/30/14 the requests were non-certified. Regarding Naproxen, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted it was not clear that 2 NSAIDs were medically necessary for this injured worker. Regarding Capsaicin cream, the UR physician cited the MTUS guidelines and noted it was not demonstrated that the injured worker was intolerant to other treatments such as oral medications to substantiate the request for topical medication. Regarding Ketoprofen, the UR physician cited the MTUS guidelines and noted this medication is not currently FDA approved for topical application. Regarding Tramadol, the UR physician

cited the MTUS guidelines and noted the medical records showed long term use of Tramadol without objective evidence of significant improvement in pain or function. Regarding Diazepam, the UR physician cited the MTUS guidelines and noted benzodiazepines are not recommended for long term use. Regarding Hydrocodone-APAP, the UR physician cited the MTUS guidelines and noted current subjective and objective clinical findings were not established and the provider did not offer a rationale or medical justification to substantiate this request. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 11/14/2014) Naproxen Sod 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2009. The medical course has included numerous diagnostic and treatment modalities including use of several medications including narcotics, NSAIDs and muscle relaxants. Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical record of 5/14 fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDS to justify use. The medical necessity of naproxen is not substantiated in the records.

Retrospective (DOS: 11/14/2014) Capsaicin Cream 120g 30 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2009. The medical course has included numerous diagnostic and treatment modalities including use of several medications including narcotics, NSAIDs and muscle relaxants. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MD visit of 5/14 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to capsaicin to justify use. Regarding capsaicin, it is recommended only as an option in patients who have not responded to or are intolerant to other treatments. The records do not provide such documentation to support medical necessity of capsaicin.

Retrospective (DOS: 11/14/2014) Ketoprofen Cream 120g 30 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2009. The medical course has included numerous diagnostic and treatment modalities including use of several medications including narcotics, NSAIDs and muscle relaxants. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical ketoprofen in this injured worker, the records do not provide clinical evidence to support medical necessity.

Retrospective (DOS: 11/14/2014) Tramadol HCL 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 84-94.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2009. The medical course has included numerous diagnostic and treatment modalities including use of several medications including narcotics, NSAIDs and muscle relaxants. Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit of 5/14 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The medical necessity of tramadol is not substantiated.

Retrospective (DOS: 11/14/2014) Diazepam 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2009. The medical course has included numerous diagnostic and treatment modalities including use of several medications including narcotics, NSAIDs and muscle relaxants. Per the guidelines, benzodiazepenes are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The MD visit of 5/14 does not document any significant improvement in pain or functional status or a discussion of side effects to justify use. In this injured worker, valium is prescribed for ongoing use and the records do not document medical necessity.

Retrospective (DOS: 11/14/2014) Hydrocodone-APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2009. The medical course has included numerous diagnostic and treatment modalities including use of several medications including narcotics, NSAIDs and muscle relaxants. Per the guidelines, in opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 5/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Hydrocodone-APAP is not substantiated in the records.