

Case Number:	CM15-0019119		
Date Assigned:	02/09/2015	Date of Injury:	12/16/2006
Decision Date:	03/31/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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:

The injured worker is a 27 year-old female who has reported back pain after falling on December 16, 2008. Diagnoses included lumbar disc disease, disc herniation and spinal stenosis. The lumbar MRI of 6/18/13 showed minor spondylosis without nerve root impingement. There were prior MRIs in 2009 and 2010. Treatment has included chiropractic, physical therapy, injections, surgery, and many medications. She has had six epidural steroid injections according to some of the reports. She underwent a laminectomy and discectomy in 2011. A qualified medical examination (QME) on 6/19/14 stated that the injured worker takes occasional ibuprofen and occasional Vicodin. An Emergency Department report of 10/8/13 refers to an epidural steroid injection 5 days prior, with multiple pain complaints over much of her body since that time. The diagnosis was spinal headache [although symptoms were much more widespread]. The pain management physician who has requested the services now under Independent Medical Review has seen the injured worker periodically during 2014-2015. Per the PR2 of 10/30/14 there was back and leg pain, the injured worker requested Vimovo, there was poor sleep, 9/10 pain, and a long list of medications. Phentermin and Vimovo were added. There were no signs of radiculopathy. An epidural steroid injection was prescribed along with all of the medications. Per the 1/5/15 report, there was 6-8/10 pain, ongoing physical therapy, low back pain, current medications including those under review now. The specific results of using each of the medications were not discussed other than unspecified pain relief with Norco. Naproxen and Nexium were started, for reasons not discussed. Examination showed no new deficits. A new MRI was prescribed, with no specific indications discussed. Epidural steroid injections were

prescribed for back and leg pain. There was no work status or specific discussion of functional improvement. The injured worker was reportedly working. Per the primary treating physician reports of 10/6/14 and 12/15/14, there were no signs of radiculopathy although there was back and leg pain. Current medications were baclofen, Reglan, and Norco. Work status was regular duty. Physical therapy was prescribed. On January 15, 2015, Utilization Review non-certified a lumbar MRI, bilateral transforaminal epidural steroid injections at L3-4 and L4-5, Baclofen 10mg 1-2 tablets twice a day #90, Reglan 5mg daily #30; Vimovo 500-20 bid, #60, Dendracin, TN2 cream, Naproxen 500mg twice daily #60, and Nexium 20mg twice daily, #60. Norco 5/325 #120, was modified to Norco 5/325 #80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, MRI

Decision rationale: The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination." No red flag conditions are identified. Per the Official Disability Guidelines citation above, repeat imaging should be based on the presence of new symptoms and signs. The treating physician has not provided specific indications for performing a new MRI. There are no significant changes clinically since the last MRI. The current clinical exam is benign. An MRI of the lumbar spine is not medically necessary based on lack of sufficient indications per the MTUS and the Official Disability Guidelines.

Bilateral transforaminal epidural steroid injection at L3-4 and L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI shows no nerve root compression. The treating physician did not describe sufficient functional improvement after the last epidural steroid injection. An epidural

injection is not medically necessary based on the MTUS indications which are not met in this case.

Baclofen 10mg 1-2 tabs BID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for over a year. The quantity prescribed implies long term use, not a short period of use for acute pain. The other examiners (primary treating physician, QME) report less use of the baclofen than the prescribing physician. The specific benefits of using baclofen twice daily were not discussed. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Norco 5/325 1 tablet po qid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88 & 91.

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 insufficient 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. There is no record of random drug testing. The test results were not presented other than an in-office test which was all negative, which implies possible non-compliance. This was not addressed. The prescribing physician does not specifically address function with respect to prescribing opioids. The primary treating physician and the QME refer to less use of opioids than what is prescribed; the QME referred to occasional use only. There is no evidence that the prescribing physician accurately monitors the rate of use. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Reglan 5mg daily as needed #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

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: UpToDate, Metoclopramide: Drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015

Decision rationale: The treating physician has not presented the indications and results of use for this medication. The medical necessity for Reglan is not established per the available records. The cited guideline provides a variety of indications, none of which were discussed by the treating physician. Given the lack of any information from the treating physician regarding the ongoing medical necessity, Reglan is not medically necessary.

Vimovo 500-201 tab twice daily #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 Medications for chronic pain; NSAIDs for Back Pain - Acute exacerbations of chronic pain; Back P.

Decision rationale: Vimovo is naproxen and esomeprazole. The injured worker has also been prescribed naproxen and Nexium separately. There is no indication for this kind of duplicative prescribing, as it is redundant and possibly toxic. The prescribing of Vimovo is not medically necessary on this basis alone. In addition, 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. Multiple medications were given together. Systemic toxicity is possible with 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 Vimovo is prescribed in a quantity which is not for short term use only. Vimovo is not medically necessary for the reasons stated above.

Dendracin lotion: 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 Medications for chronic pain; Topical Analgesics Page(s): 60; 111-113.

Decision rationale: Per the manufacturer, Dendracin is Methyl Salicylate 30%, Menthol 10%, Capsaicin 0.0375%, Benzocaine 5%, Aloe Vera Gel, Borage Oil, Boswellia Serrata, Dimethyl Sulfoxide, and Zingiber officinale root extract. Per page 60 of the MTUS, medications should be trialed one at a time. Regardless of any specific medication indications for this patient, the

MTUS recommends against starting 3-7 medications simultaneously. Per page 111 of the MTUS, Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Boswellia serrata resin is not recommended per the MTUS. The MTUS does not recommend topical anesthetics other than Lidoderm for neuropathic pain (a condition not present in this case). Topical benzocaine has no indication for chronic pain in general, and is one of the topical anesthetics the FDA warns against. Capsaicin has some indications in the standard formulations readily available, and per the MTUS, is recommended only for patients who have not responded to or are intolerant to other treatments. This patient has not had adequate trials of other treatments. The 0.0375% concentration lacks medical evidence per the MTUS. Dendracin is not medically necessary based on lack of specific medical indications, the MTUS, lack of medical evidence, and FDA directives.

TN2 cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 118.

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

Decision rationale: The request to Independent Medical Review is for a test or treatment which was not adequately defined. The treating physician did not supply sufficient information regarding the nature of the request and its indications. TN2 cream is not a standard pharmaceutical and the treating physician did not define it. The MTUS addresses topical analgesics, and notes that many compounded products are not medically necessary. Undefined drugs are not presumed to be medically necessary. The request is therefore not medically necessary based on the lack of sufficient indications, results, and ingredients provided by the treating physician.

Trial Naproxen 500mg twice daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

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

Decision rationale: The injured worker has been prescribed naproxen and Vimovo (which contains naproxen). There is no indication for this kind of duplicative prescribing, as it is redundant and possibly toxic. The prescribing of naproxen is not medically necessary on this basis alone. In addition, 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. Multiple medications were given together. Systemic toxicity is possible with 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 naproxen is prescribed in a quantity which is not for short term use only. Naproxen is not medically necessary for the reasons stated above.

Trial Nexium 20mg twice daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

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. The treating physician has prescribed Nexium, Vimovo, and Reglan; all without clearly stated indications. 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 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. PPIs should not be prescribed without very clear medical necessity in light of the potential for toxicity. Nexium is not medically necessary based on lack of medical necessity and risk of toxicity.