

Case Number:	CM15-0113545		
Date Assigned:	06/24/2015	Date of Injury:	11/10/2003
Decision Date:	07/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/12/2015

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 68-year-old female with a reported date of injury of 11/10/2003. The diagnoses include cervical spondylosis; lateral epicondylitis of the elbow; unspecified site elbow/forearm sprain/strain; wrist pain; trigger finger; cervical radiculopathy; and status post second surgery for medial epicondylar debridement and flexor reattachment. Treatments to date have included oral medications and topical pain medications. The documentation indicates that theramine, terocin, nabumetone, tramadol, xanax, hydrocodone/acetaminophen, and lidoderm have been prescribed since November 2013 and that percocet was prescribed since July of 2014. The progress report dated 05/20/2015 indicates that the injured worker complained of neck pain and bilateral arm pain. She said that at its worst, her pain was rated 8 out of 10, and on average it's rated 6 out of 10. The pain was made worse by increased activity and lifting. The injured worker was currently not working and was on disability status. The physical examination showed reduced cervical spine range of motion; tenderness in the cervical paravertebral regions bilaterally at the C4-5 and C5-6 level; positive Spurling test of the bilateral neck; diminished light touch of the left carpal tunnel; decreased sensation of the right median nerve distribution; full left elbow range of motion; positive Tinel's test for the left ulnar tunnel; decreased strength of the left intrinsic group of muscles; full range of motion of the right wrist; negative right carpal tunnel compression test; and no focal neurological deficit noted in the upper extremities. It was noted that with the current doses of medications, the injured worker was able to perform all of the activities of daily living; and her pain score was reduced by approximately 30-60% with the use of medications. It was noted that there were no abnormal drug behaviors of adverse events.

The documentation states that medications were provided at the lowest possible dose with the goal of reduction in pain and improvement in functional level to the point where she was at least capable of independent activities of daily living while minimizing side effects. The treating physician requested Xanax 0.25mg #30 with one refill; Lidoderm 5% #30, with a refill; Omeprazole 20mg #30 with one refill; Theramine #270; Terocin #2; Tramadol ER 150mg #120; Percocet 5/325mg #60; and Nabumetone 750mg #60 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: benzodiazepines.

Decision rationale: This injured worker has been prescribed Xanax for more than one year. The treating physician did not discuss the specific indication for Xanax. Per the MTUS, benzodiazepines 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long-term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. In this case, Xanax has been prescribed along with three opioid medications. Due to length of use in excess of the guideline recommendations, the request for Xanax is not medically necessary.

Lidoderm 5% #30 with 1 refill: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommends Lidoderm only for localized peripheral neuropathic pain after trials of tricyclic or SNRI (serotonin- norepinephrine reuptake inhibitor) anti-depressants or an anti-epileptic drug such as Gabapentin or Lyrica. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. There was documentation that the injured worker had neck pain and bilateral pain associated with stabbing, sharp, shooting, burning, stabbing, numbness, and pins/needles feelings. However, there was no documentation of the injured worker having tried tricyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an anti-epileptic drug. Therefore, the request is not medically necessary.

Omeprazole 20mg #30 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: This injured worker has been prescribed nabumetone, a non-steroidal anti-inflammatory medication (NSAID), and omeprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were noted to be present for this injured worker. There was no documentation of gastrointestinal signs or symptoms. Due to lack of specific indication, the request for omeprazole is not medically necessary.

Theramine #270: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: medical food, theramine.

Decision rationale: This injured worker has chronic multifocal pain. Theramine is medical food intended for use in the management of chronic pain syndromes which contains 5-hydroxytryptophan 95%, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine, gamma-aminobutyric acid (GABA), whey protein concentrates, grape seed extract 85%, cinnamon, and cocoa (theobromine 6%). Per the ODG, theramine is not recommended for the treatment of chronic pain. The FDA defines a medical food as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. There is no documentation of a specific nutritional deficiency, which would be expected to be improved with this medical food. As such, the request for theramine is not medically necessary.

Terocin #2: Upheld

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

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

Decision rationale: Terocin patch contains lidocaine and menthol. The MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no evidence of a trial of an antidepressant or anticonvulsant as first-line therapy. Therefore, the request is not medically necessary.

Tramadol ER 150mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that Tramadol (Ultram) was not recommended as a first-line oral analgesic. The guidelines also indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The treating physician does not document the least reported pain over the period since the last assessment, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Tramadol has been prescribed for this injured worker for more than one year. 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, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Return to work was not documented, and although medications as a group were noted to allow activities of daily living, there was no documentation of improvement in specific activities of daily living because of use of tramadol. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." For these reasons, the request for tramadol is not medically necessary.

Percocet 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The treating physician does not document the least reported pain over the period since the last assessment, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Percocet has been prescribed for this injured worker for at least ten months. 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, and opioid contract. None of these aspects of prescribing is in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Return to work was not documented, and although medications as a group were noted to allow activities of daily living, there was no documentation of improvement in specific activities of daily living because of use of percocet. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." For these reasons, the request for percocet is not medically necessary.

Nabumetone 750mg #60 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Anti-inflammatory medications p. 22, NSAIDs (non-steroidal anti-inflammatory drugs) p.
67-73 Page(s): 22 and 67-73.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that anti-inflammatory medications are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be justified. The guidelines also indicate that for osteoarthritis, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. The MTUS generally recommends NSAIDs for typical acute conditions. The injured worker has chronic pain with no evidence of prescribing for flare-ups. This injured worker has been prescribed nabumetone for more than one year. There was no documentation of functional improvement because of use of nabumetone. Return to work was not documented, and although medications as a group were noted to allow activities of daily living, there was no documentation of improvement in specific activities of daily living because of use of nabumetone. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for

NSAIDS recommend periodic monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Therefore, the request is not medically necessary. Although blood pressure readings were recorded, there was no documentation of laboratory monitoring. Due to length of use in excess of the guideline recommendations, lack of functional improvement and potential for toxicity, the request for nabumetone is not medically necessary.