

Case Number:	CM15-0116820		
Date Assigned:	06/30/2015	Date of Injury:	03/14/2013
Decision Date:	09/01/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial injury on March 14, 2013. She reported falling and injuring her back. The injured worker was diagnosed as having gastritis/dyspepsia, lumbar disc syndrome, left hip bursitis, left sacroiliac joint dysfunction, lumbar spine herniated disc, lumbosacral spine herniated disc, sciatica, lumbar spine musculoligamentous injury, lumbar spine radiculopathy, and mood disorder. Diagnostic studies to date have included: In March 2013, x-rays revealed probable spondylolyses at right lumbar 5 with pars sclerosis on the left, moderate facet arthropathy at lumbar 4-lumbar 5 and lumbar 5-sacral 1, and mild loss of disc height at lumbar 4-lumbar 5 and lumbar 5-sacral 1 with small anterior osteophytes throughout the thoracolumbar spine. On March 13, 2015, an MRI of the lumbar spine revealed scattered mild bulges lumbar 2 through lumbar 4 and thoracic 12-lumbar 1. No central canal stenosis associated. There was subtle protrusion central lumbar 5-sacral 1 that skirts the ventral margin of the thecal sac, but no significant central canal stenosis associated. On April 16, 2015, electromyography/nerve conduction studies revealed active denervation of the right lumbar paraspinal muscles in conjunction with absent H-wave reflex on the same side, would suggest sacral 1 radiculopathy. There was sensory polyneuropathy. On April 27, 2015, a urine drug screen was positive for paroxetine, cyclobenzaprine, and tramadol, which is consistent with her prescribed medications. Treatment to date has included chiropractic therapy, work modifications, and medications including opioid analgesic, proton pump inhibitor, and non-steroidal anti-inflammatory. The injured worker had another work injury five years prior to the date of this injury. Comorbid diagnoses included history of diabetes and depression. On

September 8, 2014, the qualified medical evaluator noted the injured worker had work modifications that included limited lifting to 20 pounds, pushing and pulling 25 pounds, and limited bending and stooping. On January 20, 2015, she was placed on temporarily totally disabled. On April 27, 2015, the injured worker complains of continued low back pain that radiates to the right knee and left leg with associated numbness and tingling. Her pain is rated 8/10. Lifting, bending, and twisting movements aggravate her pain. Associated symptoms include difficulty sleeping and depression secondary to chronic pain. Medications help relieve some of her pain. The physical exam revealed tenderness to palpation over the lumbar paraspinal musculature, decreased range of motion secondary to pain and stiffness, a positive left supine straight leg raise, tenderness to palpation over the bilateral sacroiliac joints, and positive bilateral Patrick-Fabere test. The motor exam of the bilateral upper and lower extremities was normal. There was decreased sensation to light touch and pinprick at the left lumbar 5-sacral 1 dermatomal distribution. The deep tendon reflexes were decreased throughout. There was bilateral down going toes, negative Hoffman's sign, and negative clonus. The injured worker was to continue as temporarily totally disabled until the next appointment. Requested treatments include: Fexmid (cyclobenzaprine), Nalfon (fenoprofen calcium), Paxil (paroxetine HCl), Prilosec (omeprazole DR), cyclobenzaprine 10% tramadol 10% topical cream 15GM, cyclobenzaprine 10% tramadol 10% topical cream 60 gm, lumbar epidural steroid injections at lumbar 4-lumbar 5 x 3, and urine toxicology testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299; 308, Chronic Pain Treatment Guidelines Muscle Relaxants; Cyclobenzaprine Page(s): 63-64.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". The combination of muscle relaxants with non-steroidal anti-inflammatory drugs has shown no additional benefit. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend cyclobenzaprine (Fexmid) is an antispasmodic that is used short-term treatment (no longer than 2-3 weeks) to decrease muscle spasms in the lower back. The medical records show that the injured worker has been taking cyclobenzaprine since at least February 12, 2015. In addition, there is a lack of documentation of muscle spasm in the low back. Therefore, the cyclobenzaprine is not medically necessary.

Nalfon (Fenoprofen calcium) 400mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects: Fenoprofen (Nalfon, generic available) Page(s): 67-68; 70-71.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-steroidal anti-inflammatory drugs are recommended as a second-line treatment after acetaminophen for short-term relief of acute exacerbations of low back pain symptoms. "It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals." It may take as long as 2-3 weeks for improvement with use of the non-steroidal anti-inflammatory drug, Nalfon (fenoprofen calcium). The injured worker has been taking Nalfon (fenoprofen calcium) since at least February 12, 2015 with continued complaint of 8/10 pain. There was lack of documentation of the treatment goals for this injured worker. Therefore, the Nalfon (fenoprofen calcium) is not medically necessary.

Paxil (Paroxetine HCl) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; SSRIs (selective serotonin reuptake inhibitors) Page(s): 13-16, 107.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, selective serotonin re-uptake inhibitor antidepressants are not recommended as a treatment for chronic pain. These antidepressants inhibit serotonin reuptake without action on noradrenaline and are controversial based on controlled trials. Treating the psychological symptoms associated with chronic pain may be the main role of selective serotonin re-uptake inhibitor antidepressants, and "more information is needed regarding the role of selective serotonin re-uptake inhibitors and pain." Selective serotonin re-uptake inhibitors are not recommended for the treatment of low back pain. The injured worker is being treated for chronic low back pain. There is lack of evidence that she is being treated with Paxil (paroxetine HCl) for psychological symptoms associated with chronic pain. Therefore, the Paxil (paroxetine HCl) is not medically necessary.

Prilosec (Omeprazole DR) 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk 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: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, proton pump inhibitor medication is recommended when the injured worker is at intermediate or high risk for gastrointestinal events without cardiovascular disease and at high risk for gastrointestinal events with cardiovascular disease. There is a moderate excess relative risk of serious upper gastrointestinal events when selective serotonin re-uptake inhibitors and non-steroidal anti-inflammatory drugs are used at the same time compared to NSAIDs alone. The injured worker takes Paxil (a selective serotonin re-uptake inhibitor) and Prilosec (omeprazole DR), which is a proton pump inhibitor medication. There is lack of evidence that the injured worker is at intermediate or high risk for gastrointestinal events. Therefore, the Prilosec (omeprazole DR) is not medically necessary.

Cyclobenzaprine 10%, Tramadol 10% topical cream 15gm: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the California Medical Treatment Utilization Schedule (CMTUS) guidelines do not recommend any compound product that contains at least one drug (or drug class) that is not recommended. The requested medication is cyclobenzaprine 10% tramadol 10% topical cream. There was lack of documentation of the injured worker having failed trials of antidepressants and anticonvulsants. Cyclobenzaprine and tramadol are not recommended for topical use. Therefore, the cyclobenzaprine 10% tramadol 10% topical cream is not medically necessary.

Cyclobenzaprine 10%, Tramadol 10% topical cream 60gm: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the California Medical Treatment Utilization Schedule (CMTUS) guidelines do not recommend any compound product that contains at least one drug (or drug class) that is not recommended. The requested medication is cyclobenzaprine 10% tramadol 10% topical cream. There was lack of documentation of the injured worker having failed trials of antidepressants and anticonvulsants. Cyclobenzaprine and tramadol are not

recommended for topical use. Therefore, the cyclobenzaprine 10% tramadol 10% topical cream is not medically necessary.

Lumbar epidural steroid injections at L4-L5 x 3: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend epidural steroid injections as a treatment option for radicular pain when there is corroborating documentation of radiculopathy in the physical exam and imaging studies and/or electrodiagnostic testing, and the radiculopathy has been "Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The treating physician requested lumbar epidural steroid injections at lumbar 4-lumbar 5 x 3 for more effectiveness. There was not any nerve impingement or stenosis revealed on the MRI of the lumbar spine performed on March 13, 2015. In addition, no more than 2 epidural steroid injections are currently recommended. A second epidural injection is recommended if partial success is produced with the first injection. A third epidural steroid injection is rarely recommended. Therefore, the lumbar epidural steroid injections at lumbar 4-lumbar 5 x 3 are not medically necessary.

Urine toxicology testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids Page(s): 43; 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Urine Drug testing.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend, drug testing is recommended as an option to assess for the use or the presence of illegal drugs when initiating opioid therapy and when there are issues with abuse, addiction, or poor pain control, and to avoid misuse of opioids, especially for individuals with a high risk of abuse. Per the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. A review of the injured workers medical records did not reveal documentation of risk stratification and without this information medical necessity for Urine Drug Test is not established.