MAXIMUS Federal Services

| Case Number: | CM15-0121611 | | |
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| Date Assigned: | 07/02/2015 | Date of Injury: | 01/05/2004 |
| Decision Date: | 09/04/2015 | UR Denial Date: | 05/21/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

## 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
Certification(s)/Specialty: Emergency 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 50 year old male, who sustained an industrial injury on January 5, 2004. He reported lifting a 50 pound bag with injury to the lumbosacral spine. The injured worker was diagnosed as having disc bulge/herniation of lumbar intervertebral disc without myelopathy, lumbar spine arthritis, lumbar intervertebral disc degeneration, lumbar stenosis, status post lumbar anterior fusion, anxiety, depression, and cervical sprain. Treatments and evaluations to date have included bracing, acupuncture, MRIs, lumbar fusion, psychological treatment, and medication. Currently, the injured worker complains of constant moderate to severe low back, neck, right wrist, and right knee pain. The Primary Treating Physician's report dated May 7, 2015, noted the injured worker reported difficulty performing his activities of daily living (ADLs), such as bathing, cleaning the house, and cooking. The injured worker's current medications were listed as Ultram ER, Nalfon, Prilosec, and Terocin cream. Physical examination was noted to show the right hand with swelling and warmth to touch and palpable pain of the index finger. The injured worker was noted to be temporarily totally disabled. The treatment plan was noted to include a request for authorization for a Registered nurse Home Health Evaluation to determine the injured worker's home health needs as he lives alone and has difficulty performing his activities of daily living (ADLs). The injured worker was dispensed Ultram ER, Nalfon, Prilosec, and Terocin cream.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health care evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar & Thoracic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** The CAMTUS Chronic Pain Medical Treatment Guidelines recommends home health services for injured workers who are homebound on a part time or "intermittent" basis for generally no more than 35 hours per week, for otherwise recommended medical treatments. Medical treatment does not include homemaker services such as shopping, cleaning, laundry, and personal care given by home health aides such as bathing, dressing, and using the bathroom when this is the only care needed. The Physician report noted the injured worker had significant difficulty with basic tasks such as bathing, cleaning the house, and cooking. The injured worker was noted to live alone without anyone to help him. The documentation provided did not include any need for medical treatment at home. The injured worker required assistance with basic activities of daily living (ADLs) tasks which are not recommended for home health care by the guidelines. There was no documentation of the injured worker's homebound status. Therefore, based on the CAMTUS guidelines, the documentation provided did not support the request for a Home Health Care evaluation. Therefore the request is not medically necessary.

**1 prescription for Ultram ER 150mg #30:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The documentation provided did not document functional improvement as it noted the injured worker with difficulty with his activities of daily living (ADLs) including bathing, dressing and cleaning the house, continuing to be temporarily totally disabled. The documentation provided failed

to include any objective measurable improvement in the injured worker's pain or quality of life with use of the Ultram. There was no record of the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, or how long the pain lasts. Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for 1 prescription for Ultram ER 150mg #30. The request is not medically necessary.

**1 prescription for Nalfon 400mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroid anti-inflammatory drugs) Page(s): 67, 68, 70, 71.

**Decision rationale:** The CAMTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for chronic low back pain as an option for short term symptomatic relief, and for osteoarthritic pain recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. The documentation failed to include objective, measurable improvement in the injured worker's pain or function with the Nalfon. The injured worker was noted to have difficulty with his activities of daily living (ADLs) and continued to be temporarily totally disabled. The documentation did not provide any laboratory evaluations or documentation of blood pressure monitoring as recommended by the guidelines. The request did not include frequency or dosing. Therefore, based on the MTUS guidelines, the documentation provided did not support the request for 1 prescription for Nalfon 400mg #60. The request is not medically necessary.

**1 prescription for Prilosec 20mg #60:** Upheld

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

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

**Decision rationale:** Per the CAMTUS Chronic Pain Medical Treatment Guidelines, 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). The guidelines are specific re: the risk factors of history of peptic ulcer or GI bleeding or

perforation, not just a GI history (which could include many other GI issues). The documentation provided noted the injured worker was on a NSAID and Prilosec, a proton pump inhibitor (PPI). The guidelines note that long-term PPI use increases the risk of hip fracture. The documentation provided did not include documentation of gastrointestinal (GI) symptoms or risk factors as the injured worker was 50 years old and was not on any concurrent ASA, corticosteroid, and/or anticoagulant, or multiple non-steroid anti-inflammatory drugs (NSAIDs). There was no abdominal physical exam documented. The request does not include frequency or dosing. Therefore, based on the MTUS guidelines, the documentation provided did not support the request for 1 prescription for Prilosec 20mg #60. Therefore the request is not medically necessary.

**1 prescription for Terocin cream 120ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical analgesics Page(s): 28, 111-112.

**Decision rationale:** The CAMTUS Chronic Pain Medical Treatment Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The requested compound medication of Terocin cream contains the active ingredients of Capsaicin, Lidocaine, Methyl Salicylate, and Menthol. Capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments, and should be considered experimental in very high doses. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Lidocaine is not recommended for non-neuropathic pain. The documentation provided did not indicate the injured worker had neuropathic pain or had not responded to, or was intolerant of other treatments. There was no documentation provided of the injured worker's improvement in pain or function with the use of the Terocin cream .The documentation provided did not support the use of the Capsaicin or the Lidocaine in topical form, and based on the MTUS recommendation that any compounded medication that contains at least on drug that is not recommended is not recommended, the request for 1 prescription for Terocin cream 120ml is not medically necessary.