

Case Number:	CM15-0121801		
Date Assigned:	07/02/2015	Date of Injury:	04/01/2007
Decision Date:	09/18/2015	UR Denial Date:	05/29/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55-year-old male who sustained an industrial injury on 04/01/07. Initial diagnoses and treatments are not available. Treatments to date include lumbar epidural steroid injections, physical therapy, lumbar radiofrequency ablation, lumbar fusion in 2010, MRI and oral/topical pain medication management. Current diagnoses include lumbar sprain. He is status post lumbar fusion with residual chronic pain, and status post bilateral radiofrequency ablation of the medial branch nerves at L3, L4, and L5. In a progress note dated 05/14/15, the injured worker reports increased tightness in the neck, upper back, and shoulders, with neck pain radiating into his right shoulder. He rates his pain level as an 8 with medications and a 10 without on a pain scale of 10. His daily functions are a 2 on a scale of 10. The injured worker has difficulty getting up in a seated position and uses a cane for ambulation. Physical examination is remarkable for limited range of motion of the lumbar spine in all directions due to pain, tightness, and stiffness. He has tenderness over the lumbar spinous processes and interspaces from L2 to S1, with positive provocation test, and tenderness over the sacroiliac joints bilaterally. There is significant tightness, tenderness, and trigger points with spasms in the lumbar paravertebral, quadratus lumborum, gluteus medius/maximus, and piriformis muscles bilaterally. Lower extremity reflexes are diminished at both achilles with diminished sensation over the right L4, L5, and S1 nerve root distributions. The injured worker tolerates his pain to an extent with the use of his medications. Treatment recommendations include Soma 350 mg #60, Voltaren XR 100 mg #30, Doral 15 mg #30, Celebrex/Lyrica/Lidocaine rub, and

Tramadol/Baclofen rub. The injured worker is under temporary total disability. Date of Utilization Review: 05/29/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg quantity requested: 30.00: Upheld

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

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

Decision rationale: MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Based on California treatment guidelines, the use of anti-inflammatory medications is supported for individuals with arthritic or degenerative changes. The treating physician has not provided documentation of objective functional improvement with the use of this medication, which is required to continue treatment. As such, the request for Voltaren XR 100mg quantity requested: 30.00 is not medically necessary.

Doral 15 Mg quantity requested: 30. 00: Upheld

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

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 (Chronic), Benzodiazepines.

Decision rationale: MTUS states that benzodiazepine (i.e. Doral) is "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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG states "Benzodiazepines are not recommended as

first-line medications by ODG. Criteria for use if provider & payor agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy." The medical documentation provided indicate this patient has been on this medication in excess of guideline recommendations of 4 weeks. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. As such, the request for Doral 15 Mg quantity requested: 30.00 is not medical necessary.

Soma 350 Mg quantity requested: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

Decision rationale: MTUS states regarding Carisoprodol, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. "ODG States that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." The patient has been on the medication in excess of guideline recommendations. Treating physician does not detail circumstances that would warrant extended usage. As such, the request for Soma 350 Mg quantity requested: 60.00 is not medically necessary.

Compound Rub: Celebrex/ Lyrica/ Lido Quantity Requested: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Medical documents do not document the patient as having post-herpetic neuralgia. MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Celebrex would

not be indicated for topical use in this case. As such, the request for Compound Rub: Celebrex/ Lyrica/ Lido Quantity Requested: 1.00 is not medically necessary.

Compound Rub: Tramadol/Baclofen quantity requested: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that topical Baclofen is "Not recommended." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case. As such, the request for Compound Rub: Tramadol/ Baclofen quantity requested: 1.00 is not medically necessary.