MAXIMUS Federal Services

Case Number:	CM15-0124653		
Date Assigned:	07/09/2015	Date of Injury:	07/27/2013
Decision Date:	08/19/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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: California
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 56 year old female who sustained an industrial injury on 7/27/13. She reported she felt sharp lower back pain. Initially the injured worker was diagnosed as having low back pain and spasms. Presently the injured worker is diagnosed with lumbar radiculopathy secondary to lumbar disc injuries, lumbar facet syndrome (bilateral L4-L5 and L5-S1), grade I retrolisthesis of L1 on L2, L2 on L3, L3 on L4 with chronic lumbosacral strain, cervical radiculopathy secondary to cervical disc disease and constipation secondary to opioid medications. She is unable to work. Treatment to date has included medication, TENS unit, MRI, x-rays, electro-diagnositic study, laboratory tests, assistive device for ambulation and physical therapy. A note dated 3/16/15 states the injured worker received therapeutic efficacy from the TENS unit that lasted up to 2 hours after each use with a 30% reduction in her pain. A note dated 5/11/15 stated gabapentin and Dendracin significantly improved the symptoms experienced in her back and neck. In the provider's progress note dated 6/8/15 the injured worker complained of severe pain across both sides of her low back with left greater than right. She reported shooting pain down the left leg described as constant and aching and rated 7/10 without medication and 5/10 with medication. The pain was aggravated by walking, standing, lifting, lying on the left side, rising from a seated position as well as sitting down (any type of movement from the waist or legs). She also reported left neck pain that went into the left upper back and radiated to the left arm. There was weakness and numbness of the left arm and leg. The pain interfered with activities of daily living. Her medications were: gabapentin, fentanyl patch, tramadol, Cymbalta, Dendracin and Promolaxin. On exam the range of motion in the cervical

and lumbar spine was severely reduced, and there was tenderness to palpation in the cervical, thoracic and lumbar spine. Sensory deficits were noted on examination at C5, C6, C7 and left L3, L4, L5 and SI. She had generalized weakness of the lower extremities with the left greater than the right. She had an altered gait and used a walker. The following medications, Dendracin lotion (failure of other topical preparations), Tramadol 50 mg #120 (pain relief), Promolaxin 100 mg #30 (due to constipation) and Gabapentin 400 mg #120 (nerve pain) is being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Capsaicin, topical; Salicylate topicals; Topical Analgesics Page(s): 28-9, 105, 111-13.

Decision rationale: Dendracin Lotion is an analgesic lotion composed of Methyl Salicylate 30%, Capsaicin 0.0375% and Menthol USP 10%. It is indicated for temporary relief of mild pain due to muscular strain, arthritis, and simple back pain. According to the MTUS topical salicylates are better than placebo in treating chronic pain. Capsaicin is a capsaicinoid compound with analgesic properties. When compared to a placebo, its use has also been superior in relieving chronic neuropathic pain and musculoskeletal pain although the MTUS recommends its use only in patients who have not responded to other treatments. Menthol is a topical analgesic medication with local anesthetic and counter-irritant qualities. The MTUS does not comment on its use. This patient has chronic pain which has not resolved with conventional therapies. Additionally, the patient has been using Dendracin with documented improvement in pain. At this point in the care of this patient its use should be an option in therapy and there are no contraindications for its continued use. Medical necessity has been established.

Tramadol 50mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Tramadol is a narcotic pain reliever with mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they

may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first-line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose or death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. This patient is taking two opioid medications, fentanyl for long-acting pain control and tramadol for short-acting pain control. The total morphine equivalent dosing (MED) for this patient is 100 mg/day. The MTUS guidelines recommend no more than 120 mg MED per day. The patient reports decreased pain with use of medications. This patient is taking first line chronic pain medications (gabapentin and Cymbalta) and the patient has no aberrant drug seeking behaviors. Continued use of tramadol is a viable option in the care of this patient. Medical necessity has been established.

Promolaxin 100mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation 1) American Gastroenterological Association Medical Position Statement on Constipation, Gastroenterology, Volume 144, Issue 1, Pages 211-217, January 20132) University of Iowa College of Nursing Guideline: Management of Constipation, 1996 (revised 2009 Oct). Bibliographic Source(s): McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p. [44 references].

Decision rationale: Promolaxin (docusate) is an anionic surfactant, that is, it is a substance that lowers the surface tension of water. It is a common over-the-counter medication classified as a stool softener and approved to treat constipation in adults. The common causes of chronic constipation in this patient's age group are inadequate fiber in diet, inadequate fluid intake, inadequate exercise and/or side effects from medications (such as opioids). Medical treatment would normally begin with fiber supplementation and/or osmotic or stimulant laxatives. The treatment for opioid-induced constipation is a stool softener plus a stimulant laxative. For this patient there is documentation of constipation and the patient is taking an opioid medication. At this point in the care of this individual use of stool softener, such as Promolaxin, is indicated. Medical necessity has been established.

Gabapentin 400mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs; Gabapentin Page(s): 16-9, 49.

Decision rationale: Gabapentin is classified as an anticonvulsant (anti-epilepsy) drug used to treat epilepsy, migraines, bipolar disorder and the management of alcohol dependence. It is also recommended as a first line treatment for neuropathic pain although the literature to support its use comes mostly from studies of postherpetic neuralgia and diabetic polyneuropathy. In fact, antiepileptic drugs are considered a first-line medication in the treatment of chronic neuropathic pain. Studies looking at the efficacy of gabapentin for neuropathic pain suggests when used with opioids, patients use lower doses of medications and had better analgesia. Of note, the MTUS recommends if this medication is to be changed or stopped it be weaned in order to avoid precipitating a seizure (based on studies with epileptic patients). This patient has neuropathic pain and the provider's notes comment on the effectiveness of the patient's medications for controlling pain. Its efficacy has been demonstrated. Medical necessity for continued use of this medication has been established.