

Case Number:	CM15-0148865		
Date Assigned:	08/12/2015	Date of Injury:	04/27/2005
Decision Date:	10/05/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/31/2015

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 52 year old female, who sustained an industrial injury on April 27, 2005 while working as a quality control inspector. The injuries occurred while the injured worker was performing her usual and customary duties. The injured worker has been treated for neck, back and shoulder complaints. The diagnoses have included carpal tunnel syndrome, lateral epicondylitis of the bilateral elbows, medial epicondylitis of the left elbow, chronic tendonitis of the bilateral forearms, mild tendonitis of the bilateral trapezius muscles and shoulders and lumbar degenerative disc disease. Treatment and evaluation to date has included medications, radiological studies, MRI, cognitive behavior therapy, upper endoscopy, acupuncture treatments, chiropractic treatments, functional restoration program evaluation, cervical pillow, a transcutaneous electrical nerve stimulation unit and bilateral carpal tunnel release surgery. Work status was noted to be permanent and stationary. The current work status was not identified. Current documentation dated June 23, 2015 notes that the injured worker reported neck, upper trapezius region and left upper extremity pain. Associated symptoms included numbness and tingling. The injured worker also noted depression secondary to chronic pain. The pain was rated a 7-8 out of 10 on the visual analogue scale with medications. Examination of the cervical spine revealed tenderness and a decreased and painful range of motion in all planes. A Spurling's maneuver was negative bilaterally. Range of motion of the shoulders was full with no weakness noted. An impingement sign on the right side was positive. There was no change in the injured workers physical examination. The treating physician's plan of care included requests for

Biofreeze 3 month supply, Butrans 10 mcg # 4, Omeprazole 40 mg # 60 with 2 refills and Baclofen 10 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze 3 Month Supply: Overturned

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) Low Back- Lumbar and Thoracic, (Acute and Chronic), Biofreeze® cryotherapy gel.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. The Official Disability Guidelines recommend Biofreeze gel as an optional form of cryotherapy for acute pain. Biofreeze is a non-prescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. Whereas ice packs only work for a limited period of time, Biofreeze can last much longer before reapplication. The documentation supports the injured worker is using Biofreeze because she is not able to tolerate non-steroidal anti-inflammatory drugs. The Biofreeze was noted to decrease the injured worker pain by 2 points on the visual analogue scale and allowed the injured worker to do more activities of daily living. Due to the injured workers inability to take non-steroidal anti-inflammatory drugs and the effectiveness of the Biofreeze for pain and function, the request for Biofreeze is medically necessary.

Butrans 10 MCG Qty 4: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Buprenorphine for chronic pain.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines "discourages long term usage of opioids unless there is evidence of ongoing review and documentation of pain relief, functional status and 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 relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." The MTUS guidelines state that "functional improvement" is evidenced by a clinically significant improvement in activities of

daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. On-going management of opioids for chronic pain requires documentation of pain relief, side effects, physical and psychological functioning and the occurrence of any potentially aberrant or non-aberrant drug-related behaviors. The Official Disability Guidelines recommend Butrans (Buprenorphine) transdermal system as an option for treatment of chronic pain in selected patients. Buprenorphine is a schedule-III controlled substance. Suggested patients include patients with a hyperalgesia component to pain, centrally mediated pain, neuropathic pain, high-risk non-adherence with standard opioid maintenance and patients who have been previously detoxified from other high-dose opioids. Butrans transdermal system is FDA-approved for moderate to severe chronic pain. In this case, the injured worker had chronic neck and shoulder pain. The injured workers objective findings on examination were noted to be unchanged. The injured worker has been prescribed Butrans for an extended period of time, since January of 2014. The injured worker continues to report elevated pain levels. There was lack of documentation of improvement in specific activities of daily living as a result of use of Butrans. There was no documentation of decrease in medication use or decrease in frequency of office visits as a result of use of Butrans. Due to lack of detailed pain assessment, lack of documentation of improvement in pain and lack of documentation of functional benefit, the request for Butrans is not medically necessary.

Omeprazole 40 MG Qty 60 + 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 (Chronic), Proton pump inhibitor (PPI) medication.

Decision rationale: Proton pump inhibitor (PPI) medication is recommended for patients at risk for gastrointestinal events. In general, the use of a PPI medication should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses. Decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency, iron deficiency, hypomagnesaemia and increased susceptibility to pneumonia, enteric infections and fractures. The documentation supports the injured worker was unable to tolerate non-steroidal anti-inflammatory drugs. The documentation also notes that the injured worker saw a gastroenterologist and had an upper endoscopy performed. However, the reason the injured worker had the study performed was not found in the medical records. The documentation does not indicate the injured worker was an intermediate risk for a

gastrointestinal event. The medical necessity of for the use of proton pump inhibitor medication is unclear. The request for Omeprazole is not medically necessary.

Baclofen 10 MG Qty 60: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend Baclofen orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). This drug should be used with caution in patients with renal and liver impairment. The guidelines note that abrupt of Baclofen is not recommended. Muscle relaxants are recommended for short-term treatment of acute exacerbations in injured workers with chronic low back pain. "Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAID's) in pain relief and overall improvement. Also there is no additional benefit shown in combination with NSAID's." In this case, the injured worker had chronic neck and shoulder pain. The documentation supports that the injured worker has been prescribed Baclofen for an extended period of time, since January of 2014. There is lack of documentation of acute muscle spasms. The guidelines recommend Baclofen for short-term acute spasm. Due to the injured workers long-term use and lack of documentation of an exacerbation of muscle spasm, the request for Baclofen is not medically necessary.