

Case Number:	CM15-0070196		
Date Assigned:	04/20/2015	Date of Injury:	07/06/2004
Decision Date:	05/21/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/13/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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:

This 59 year old man sustained an industrial injury on 7/6/2004. The mechanism of injury is not detailed. Diagnoses include Fibromyalgia/myositis, lumbar spine radiculopathy, internal derangement of knee, lumbar failed back syndrome, and mood disorder. Treatment has included oral and topical medications, trigger point injections, chiropractic treatment, use of a cane, and surgical intervention. Robaxin was prescribed in December 2014. Roxicodone and Neurontin were prescribed in April 2014. Voltaren gel was prescribed in October 2014. Medications in January 2015 included voltaren gel, fentanyl, Neurontin, Prilosec, roxicodone, and robaxin. A urine drug screen collected on 1/6/15, the date of an office visit, was noted to be negative for gabapentin, a prescribed medication. Progress note of 2/3/15 notes that the injured worker reported hemorrhoid symptoms. Physician notes dated 3/4/2015 show complaints of low back and right knee pain. The injured worker reported continued mid to low back pain with secondary myofascial pain, right lower extremity pain, and radiation of the pain into the right lower extremity with numbness in the 4th and 5th toes of the right foot, as well as knee pain and locking. Pain medication was noted to provide a 50% reduction in pain with restorative function, allowing him to groom, drive, cook, do dishes, vacuum, and walk. Currently the pain was rated as 9 on the pain scale. The injured worker reported GI upset improved with Prilosec, and constipation. A narcotic contract was noted to be on file and urine drug screens were noted to be consistent. Medications were listed as fentanyl patch, Neurontin, Prilosec, robaxin, Roxicodone, voltaren gel, and proctosol suppositories. Work status was noted as permanent and stationary. On

3/12/15, Utilization Review non-certified or modified the medications currently under Independent Medical Review, citing the MTUS and webmd.com.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: This injured worker has chronic back and knee pain. Neurontin has been prescribed for at least 11 months. Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin (neurontin) has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy (the apparent reason for the prescription per the treating physician). A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. Although the physician documented a 50% reduction in pain, this was as a result of medications as a group. There was no documentation of functional improvement as a result of use of neurontin. Work status was noted as permanent and stationary, and the documentation does not indicate return to work. There was no documentation of decrease in medication use, and office visits have continued at the same frequency of approximately monthly. A urine drug screen in January of 2015 was negative for gabapentin, so it is unclear if the injured worker was taking this medication as prescribed. Due to lack of functional improvement, and lack of documentation of neuropathic pain, the request for gabapentin is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed voltaren gel, a nonsteroidal anti-inflammatory medication (NSAID), and prilosec, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a nonsteroidal 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). None of these risk factors are present for this injured worker. Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. This injured worker has been prescribed PPIs for at least 11 months. The injured worker reported GI upset which was improved with prilosec. There are no medical reports which adequately describe signs and symptoms of possible GI (gastrointestinal) disease. There is no examination of the abdomen on record. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Due to lack of specific indication, lack of documentation of GI evaluation, and potential for toxicity, the request for prilosec is not medically necessary.

Robaxin 750mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain/chronic musculoskeletal pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. Soma was noted to be prescribed in April 2014 and robaxin was noted to be prescribed in December 2014. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Robaxin's mechanism of action is unknown but appears to be related to central nervous system depressant effects with related sedative properties. Side effects include drowsiness, dizziness, and lightheadedness. Due to lack of functional improvement and length of use in excess of the guideline recommendations, the request for robaxin is not medically necessary.

Roxicodone 15mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

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

Decision rationale: This injured worker has chronic back and knee pain. Roxicodone has been prescribed for at least 11 months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract.

A pain contract was noted, but there was no discussion of functional goals, and return to work was not documented. Work status was noted as permanent and stationary. Urine drug screens were noted to be consistent, but a urine drug screen in January 2015 was negative for gabapentin, a prescribed medication, and this finding was not addressed. Collection at that time was on the date of an office visit, rather than a random collection as recommended by the guidelines. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Specified changes in activities of daily living as a result of use of Roxycodone and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, Roxycodone does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Voltaren 1% topical gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Topical non-steroidal anti-inflammatory drugs (NSAIDS) are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. Topical non-steroidal's are not recommended for neuropathic pain. There was no documentation of osteoarthritis for this injured worker. The injured worker has both back and knee pain; the site of application was not specified, and topical NSAIDS are not recommended for treatment of the spine. Voltaren gel has been prescribed for at least 5 months. There was no documentation of functional improvement as a result of use of voltaren gel. Due to lack of specific indication, insufficiently specific prescription, and lack of functional improvement, the request for voltaren gel is not medically necessary.

Proctosol suppository 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation webmd.com website.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Treatment of hemorrhoids. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Conservative measures are noted to be successful for most patients with symptomatic hemorrhoids. Such measures include adding fiber to the diet, stool softeners, analgesic creams, hydrocortisone suppositories, and warm sitz baths. Except in cases of thrombosis, external hemorrhoids do not usually require surgery. In some cases of hemorrhoids, thrombosis occurs, most often in grade III or IV internal hemorrhoids. These hemorrhoids usually persist after the conservative therapies noted, and may require definitive surgical treatment. Topical steroids have not been well evaluated for effectiveness in treating thrombosed hemorrhoids. If used, some experts suggest applying cream rather than using suppositories. Long term use should be avoided because of potential thinning of perianal and anal mucosa and increasing risk of injury. This injured worker was noted to have hemorrhoid symptoms in February 2015. No rectal examination was documented. It was not noted whether hemorrhoids were present, and if so, whether they were internal, external, or thrombosed. Per the citation noted, treatment of hemorrhoids varies based on the location and presence or absence of thrombosis. Due to lack of pertinent examination and definitive diagnosis of hemorrhoids, the request for Proctosol suppository 25mg #30 is not medically necessary.