

Case Number:	CM15-0070767		
Date Assigned:	04/20/2015	Date of Injury:	09/26/2008
Decision Date:	07/23/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/14/2015

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 58 year old male who sustained an industrial injury on 9/26/08. The diagnoses have included lumbar degenerative disc disease (DDD) and lumbar radiculopathy. Treatment to date has included medications, diagnostics, physical therapy and epidural steroid injection (ESI). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and urine drug screen. Currently, as per the physician progress note dated 4/2/15, the injured worker complains of left side calf pain which is worse after working. He also has pain with bending and radiates to the left calf and described as shooting and sharp. It was noted that he had epidural injection about a year ago that has worn off. The pain was rated 3/10 on pain scale. He reports that the medications allow him to function and continue working as an assembly worker. Physical exam revealed lumbar tenderness, spasm, decreased range of motion and positive orthopedic testing. There was weakness noted with left dorsiflexion of left big toe and ankle. There was decreased sensation in the left leg, positive allodynia left leg, positive sciatica with straight leg raise on the left and he had a limp to the left leg with his gait. The urine drug screen report and the MRI of the lumbar spine were not noted in the records. The physician noted that he had a flare up of symptoms but it is controlled with the use of medications. He is able to return to work but complains of radicular symptoms after epidural steroid injection (ESI). The injured worker has been able to work with his current medication regimen. The physician requested treatments included Tramadol ER 150mg #90 with 3 refills, Terocin patches with lidocaine #30 with 3 refills, Fenoprofen 400mg #60 with 3 refills,

Gabapentin 600mg #60 with 3 refills, EnovaRX-naproxen 10% kit #2 with 3 refills, and Omeprazole 20mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #90 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96, 113.

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records reveal documentation of functional improvement with the use of tramadol, the injured worker has returned to work and the 4 A's for ongoing use of opioids have been addressed, therefore the continued use of Tramadol ER 150mg #90 with 3 refills is medically necessary.

Terocin patches with lidocaine #30 with 3 refills: Overturned

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

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

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me reveals documentation of functional improvement with his current regimen, he has returned to work and appears to be doing well, therefore the request for Terocin patches with lidocaine #30 with 3 refills is medically necessary.

Fenoprofen 400mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-68.

Decision rationale: Per the MTUS, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. A review of the injured workers medical records that are available to me reveals documentation of functional improvement with his current regimen, he has returned to work and appears to be doing well, therefore the request for Fenoprofen 400mg #60 with 3 refills is medically necessary.

Gabapentin 600mg #60 with 3 refills: 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 Anti-epilepsy drugs (AED's) Page(s): 16-22.

Decision rationale: Per the MTUS, anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A review of the injured workers medical records that are available to me reveals documentation of functional improvement with his current regimen, he has returned to work and appears to be doing well, therefore the continued use of Gabapentin 600mg #60 with 3 refills is medically necessary.

EnovaRX-naproxen 10% kit #2 with 3 refills: Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me reveals that he is already using one topical agent and there is no clear rationale given for the use of an additional topical agent, therefore the request for EnovaRX-naproxen 10% kit #2 with 3 refills is not medically necessary.

Omeprazole 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk with precautions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs , NSAIDs, GI symptoms and Cardiovascular risk Page(s): 67-69.

Decision rationale: Per the MTUS, NSAIDs and COX-2 NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on this. A review of the injured workers medical records that are available to me do not reveal documentation of current or past gastrointestinal complaints, the injured worker does not meet the criteria for increased risk for a gastrointestinal event, therefore the request for Omeprazole 20mg #60 with 3 refills is not medically necessary.