

Case Number:	CM15-0092277		
Date Assigned:	05/18/2015	Date of Injury:	04/16/2013
Decision Date:	07/01/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 04/15/2013. She has reported subsequent shoulder and low back pain and was diagnosed with peri-arthritis of the shoulder and lumbar intervertebral disc displacement. Treatment to date has included oral and topical pain medication and cortisone injection. In a progress note dated 04/10/2015, the injured worker complained of shoulder, arm, neck, back, sacroiliac and sacral pain. Objective findings were notable for palpable tenderness at the left anterior shoulder, lumbar spine, bilateral sacroiliac joints, bilateral buttocks, sacrum, posterior legs and posterior knees, decreased range of motion of the left shoulder and lumbar spine and impingement of the left shoulder. A request for authorization of Tramadol, Naproxen, Prilosec and Capsaicin/Tramadol/Cyclobenzaprine/Menthol/Gabapentin cream was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin .0375 Percent, Tramadol 8 Percent, Cyclobenzaprine 4 Percent, Menthol 5 Percent, Gabapentin 10 Percent 180 Grams: 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 rationale: The patient presents on 04/10/15 left anterior arm pain, left anterior/posterior shoulder pain, bilateral cervical pain, bilateral lumbar pain, and bilateral sacroiliac pain. The patient also complains of associated headaches. The pain is rated 7/10. The patient's date of injury is 04/15/13. Patient has no documented surgical history directed at these complaints. The request is for capsaicin 0.0375 percent, tramadol 8 percent, cyclobenzaprine 4 percent, menthol 5 percent, gabapentin 10 percent 180 grams. The RFA is dated 04/10/15. Physical examination dated tenderness to palpation of the anterior shoulder, lumbar spine, bilateral sacroiliac regions, bilateral buttocks, and the posterior aspects of the bilateral lower extremities. The patient is currently prescribed a topical compounded cream, Tramadol, Naproxen, and Prilosec. Diagnostic imaging was not included. Per 04/10/15 progress note, patient is classified as temporarily totally disabled for 45 days. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required... Gabapentin: Not recommended." In regard to the request for a compounded cream containing Capsaicin, Tramadol, Gabapentin, Cyclobenzaprine, and Menthol; the requested cream contains ingredients which are not supported by guidelines as topical agents. Neither Gabapentin, Tramadol, or Cyclobenzaprine are supported by MTUS guidelines in topical formulations. Guidelines also specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request is not medically necessary.

Tramadol 50 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 Criteria For Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 04/10/15 left anterior arm pain, left anterior/posterior shoulder pain, bilateral cervical pain, bilateral lumbar pain, and bilateral sacroiliac pain. The patient also complains of associated headaches. The pain is rated 7/10. The patient's date of injury is 04/15/13. Patient has no documented surgical history directed at these complaints. The request is for tramadol 50mg qty 60. The RFA is dated 04/10/15. Physical examination dated tenderness to palpation of the anterior shoulder, lumbar spine, bilateral sacroiliac regions, bilateral buttocks, and the posterior aspects of the bilateral lower extremities. The patient is currently prescribed a topical compounded cream, Tramadol, Naproxen, and Prilosec. Diagnostic imaging was not included. Per 04/10/15 progress note, patient is classified as temporarily totally disabled for 45 days. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and

functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the requested Tramadol for the maintenance of this patient's chronic pain, the provider has not provided adequate documentation of medication efficacy to continue treatment. This patient has been prescribed Tramadol since at least 02/07/15. In regard to efficacy progress note dated 08/04/14 does not provide documentation of analgesia using a validated scale. No activity-specific functional improvements attributed to medication are provided. There is evidence that the provider intends to perform regular urine drug screens, however no toxicology reports or discussions of consistency were provided. In addition, there is no specific discussion of a lack of aberrant behavior provided to substantiate continued use. Owing to a lack of complete 4 A's documentation as required by MTUS, continuation of this medication cannot be substantiated. The request is not medically necessary.

Naproxen 550 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 Anti-inflammatory medications Pain Outcomes and Endpoints Page(s): 22, 8-9.

Decision rationale: The patient presents on 04/10/15 left anterior arm pain, left anterior/posterior shoulder pain, bilateral cervical pain, bilateral lumbar pain, and bilateral sacroiliac pain. The patient also complains of associated headaches. The pain is rated 7/10. The patient's date of injury is 04/15/13. Patient has no documented surgical history directed at these complaints. The request is for naproxen 550mg qty 60. The RFA is dated 04/10/15. Physical examination dated tenderness to palpation of the anterior shoulder, lumbar spine, bilateral sacroiliac regions, bilateral buttocks, and the posterior aspects of the bilateral lower extremities. The patient is currently prescribed a topical compounded cream, Tramadol, Naproxen, and Prilosec. Diagnostic imaging was not included. Per 04/10/15 progress note, patient is classified as temporarily totally disabled for 45 days. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In regard to the requested Naproxen for this patient's chronic pain, the treating physician has not provided adequate documentation of medication efficacy. This patient has been prescribed Naproxen since at least 02/07/15. Per progress note dated 04/10/15, the only documentation of medication efficacy is "patient feels

better with pain medications and rest." There is no documentation of analgesia using a validated scale, nor are there any stated functional benefits attributed to medications. Without such documentation, continuation of this medication cannot be substantiated. Therefore, the request is not medically necessary.

Prilosec 20 MG Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents on 04/10/15 left anterior arm pain, left anterior/posterior shoulder pain, bilateral cervical pain, bilateral lumbar pain, and bilateral sacroiliac pain. The patient also complains of associated headaches. The pain is rated 7/10. The patient's date of injury is 04/15/13. Patient has no documented surgical history directed at these complaints. The request is for Prilosec 20mg qty 30. The RFA is dated 04/10/15. Physical examination dated tenderness to palpation of the anterior shoulder, lumbar spine, bilateral sacroiliac regions, bilateral buttocks, and the posterior aspects of the bilateral lower extremities. The patient is currently prescribed a topical compounded cream, Tramadol, Naproxen, and Prilosec. Diagnostic imaging was not included. Per 04/10/15 progress note, patient is classified as temporarily totally disabled for 45 days. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Prilosec, the reports provided show the patient has been prescribed this medication since at least 02/07/15. However, the provider does not specifically discuss any GI symptoms at initiation and there is no documentation of efficacy in the subsequent reports. This patient is currently prescribed an NSAID: Naproxen. While PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or subjective complaints of GI upset which would support continued use of this medication. Therefore, this request is not medically necessary.