

Case Number:	CM14-0121623		
Date Assigned:	09/16/2014	Date of Injury:	07/26/2003
Decision Date:	09/22/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/01/2014

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 53 year old male, who sustained an industrial injury on July 26, 2003, incurring elbow, back and shoulder injuries, after a slip and fall at work. He was diagnosed with right elbow open fracture, lumbosacral radiculopathy, lumbar disc disease, shoulder impingement and cervical radiculopathy. Treatment included physical therapy, splinting, pain medications, anti-inflammatory drugs, transcutaneous electrical stimulation unit, and cortisone injections to the shoulder, home exercise program, and work restrictions. He underwent multiple surgical interventions on the spine, elbow and shoulder. Currently, the injured worker complained of persistent back and hip pain. The treatment plan that was requested for authorization included prescriptions for Norflex, Terocin patches, Prilosec, Ambien and Ultram ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg, #100 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Muscle relaxants (for pain).

Decision rationale: The 53 year old patient complains of pain in neck and lower back radiating to bilateral upper and lower extremities along with paraesthesias and numbness, as per progress report dated 07/10/14. The request is for NORFLEX 100mg, #100 WITH 5 REFILLS. There is no RFA for this case, and the patient's date of injury is 07/26/03. Diagnoses, as per progress report dated 07/10/14, included lumbosacral radiculopathy, shoulder impingement, and cervical radiculopathy. Diagnoses, as per progress report dated 05/22/14, also included sprains and strains of neck, pain in limb, and lumbar sprain/strain. Medications included Tramadol, Prilosec, Ambien, and Norflex. The patient is working with restrictions, as per progress report dated 07/10/14. For muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) Chapter under Muscle relaxants (for pain) states: "ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, Norflex for muscle spasming is first noted in progress report dated 04/10/14. It is not clear when the medication was initiated for the first time. In progress report dated 07/10/14, the treater states that the patient was able to perform activities of daily living and a home exercise program with the medical therapy as prescribed. He has suffered significant downturn as a result of discontinuation of these medications. The treater, however, does not document the impact of Norflex on the patient's pain. Additionally, Norflex is a sedating muscle relaxant and only short-term use is recommended by MTUS. Guidelines state these muscle relaxants are abused for euphoria and to have mood elevating effects. Hence, the request for # 100 with 5 refills IS NOT medically necessary.

Terocin (Capsaicin, Menthol, Lidocaine) patches #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch Page(s): 57.

Decision rationale: The 53 year old patient complains of pain in neck and lower back radiating to bilateral upper and lower extremities along with paraesthesias and numbness, as per progress report dated 07/10/14. The request is for TEROGIN (CAPSAICIN, MENTHOL, LIDOCAINE) PATCHES #10. There is no RFA for this case, and the patient's date of injury

is 07/26/03. Diagnoses, as per progress report dated 07/10/14, included lumbosacral radiculopathy, shoulder impingement, and cervical radiculopathy. Diagnoses, as per progress report dated 05/22/14, also included sprains and strains of neck, pain in limb, and lumbar sprain/strain. Medications included Tramadol, Prilosec, Ambien, and Norflex. The patient is working with restrictions, as per progress report dated 07/10/14. MTUS guidelines page 57, Lidoderm (Lidocaine patch) section states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the use of Terocin patch is first noted in progress report dated 04/10/14. It is not clear when the medication was prescribed for the first time. In progress report dated 07/10/14, the treater states that the patient was able to perform activities of daily living and a home exercise program with the medical therapy as prescribed. He has suffered significant downturn as a result of discontinuation of these medications. This is not specific to Terocin patch. There is no discussion regarding where and how the patch will be used. Additionally, there is no clear diagnosis of neuropathic pain. The reports lack the documentation required to make a determination based on MTUS. Hence, the request IS NOT medically necessary.

Prilosec 20mg, #90 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. Am J. Gastroenterol. 2013 Mar; 108 (3): 308-28.

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

Decision rationale: The 53 year old patient complains of pain in neck and lower back radiating to bilateral upper and lower extremities along with paraesthesias and numbness, as per progress report dated 07/10/14. The request is for PRILOSEC 20mg, #90 WITH 5 REFILLS. There is no RFA for this case, and the patient's date of injury is 07/26/03. Diagnoses, as per progress report dated 07/10/14, included lumbosacral radiculopathy, shoulder impingement, and cervical radiculopathy. Diagnoses, as per progress report dated 05/22/14, also included sprains and strains of neck, pain in limb, and lumbar sprain/strain. Medications included Tramadol, Prilosec, Ambien, and Norflex. The patient is working with restrictions, as per progress report dated 07/10/14. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of

dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, Prilosec for stomach protection and gastritis is first noted in progress report dated 04/10/14. In progress report dated 10/05/14 after the UR denial date of 07/30/14 the treater states that Prilosec is being prescribed along with Relafen to provide him with stomach protection and reduce his gastritis symptoms. MTUS also supports the use of Prilosec in patients with NSAID-induced gastritis. Given the documentation of GI symptoms, the request IS medically necessary.

Ambien 5mg, #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic) Zolpidem.

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) under Zolpidem.

Decision rationale: The 53 year old patient complains of pain in neck and lower back radiating to bilateral upper and lower extremities along with paraesthesias and numbness, as per progress report dated 07/10/14. The request is for AMBIEN 5mg, #30 WITH 5 REFILLS. There is no RFA for this case, and the patient's date of injury is 07/26/03. Diagnoses, as per progress report dated 07/10/14, included lumbosacral radiculopathy, shoulder impingement, and cervical radiculopathy. Diagnoses, as per progress report dated 05/22/14, also included sprains and strains of neck, pain in limb, and lumbar sprain/strain. Medications included Tramadol, Prilosec, Ambien, and Norflex. The patient is working with restrictions, as per progress report dated 07/10/14. ODG guidelines, Pain (Chronic) under Zolpidem, state that the medication is indicated for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The guidelines also state "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case, Ambien for insomnia is first noted in progress report dated 04/10/14. It is not clear when the medication was initiated. In progress report dated 10/05/14 after the UR denial date, the treater states that "Ambien is warranted given that the patient does continue to have insomnia due to chronic pain and loss of functioning from his industrial injuries." ODG guidelines, however, recommends only short-term use of Ambien lasting about 7-10 days. The current request for # 30 with 5 refills exceeds that recommendation and IS NOT medically necessary.

Ultram ER 150mg, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 53 year old patient complains of pain in neck and lower back radiating to bilateral upper and lower extremities along with paraesthesias and numbness, as per progress report dated 07/10/14. The request is for ULTRAM ER 150mg, #60 WITH 5 REFILLS. There is no RFA for this case, and the patient's date of injury is 07/26/03. Diagnoses, as per progress report dated 07/10/14, included lumbosacral radiculopathy, shoulder impingement, and cervical radiculopathy. Diagnoses, as per progress report dated 05/22/15, included sprains and strains of neck, pain in limb, and lumbar sprain/strain. Medications included Tramadol, Prilosec, Ambien, and Norflex. The patient is working with restrictions, as per progress report dated 07/10/14. MTUS Guidelines pages 88 and 89 states, "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 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, the patient has been using Ultram/Tramadol at least since 04/10/14. It is not clear when the medication was initiated for the first time. In progress report dated 07/10/14, the treater states that the patient was able to perform activities of daily living and a home exercise program with the medical therapy as prescribed. He has suffered significant downturn as a result of discontinuation of these medications. In progress report dated 10/05/14 after the UR denial date, the treater states that it is not appropriate to wean the patient from Tramadol at this time either. He continues to have pain on a daily basis, and we have attempted to avoid stronger medications by providing him with Tramadol to take as needed for pain. The report also states that medication provided some pain relief and helped maintain function. However, the treater, however, does not use a pain scale to demonstrate reduction of pain nor does the treater provide specific examples that indicate improvement in function. No UDS and CURES reports are available for review. There is no discussion regarding side effects of Tramadol as well. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Additionally, MTUS p80, 81 states regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request IS NOT medically necessary.