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| Case Number: | CM14-0203357 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 06/03/2013 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 11/06/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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, Pain Management

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 was a 42 year old male, who sustained an industrial injury, June 3, 2013. This was a slip and fall injury. The injured worker landed on the buttocks. According to progress note of October 14, 2014, the injured worker's chief complaint was pain in the upper and lower back and the left hip. The pain was associated with tingling and weakness in the left buttocks and thigh. The pain was constant and frequent and severe in intensity, reported by the injured worker. The pain was rated at 7 at best and 8 out of 10 at worst. The average pain level was an 8. The pain was described as cutting and burning. The pain was aggravated by lying down and prolonged walking. The physical exam noted full range of motion of the lumbar spine even with lumbar flexion. The side bending was limited. The injured worker could independently transfer. The injured worker was able to take off and put on shoes independently. There was tenderness with palpation over the paraspinal muscles consistent with spasms. There was positive facet loading maneuvers bilaterally. The straight leg raises were negative in the seated position; however, there was localized pain in the low back on the left side with straight leg raise testing. According to the progress report on June 19, 2013 the injure worker had 50-60% improvement with physical therapy. The injured worker was started on Flexeril for muscle spasms. Naproxen replaced Naprosyn and the Menthoderm lotion was started for neuropathic pain, Tramadol was being taken in September 16, 2014 and random toxicology laboratory studies were negative for any unexpected findings on September 16, 2014. The injured worker was undergoing treatment for lumbago, displacement of lumbar intervertebral disc without myelopathy, trochanteric bursitis and arthropathy of the lumbar facet joint. The injured worker previously received the

following treatments transforaminal epidural steroid injection, acupuncture, 12-session chiropractic services, Omeprazole, Norco and Naprosyn were discontinued October 14, 2014. The RFA (request for authorization) stated the following treatments were requested prescriptions for Tramadol ER, Flexeril, Mentherm Lotion and physical therapy, in May of 2014 the injured worker was taking Neurontin and epidural steroid injection. The UR (utilization review board) denied certification on November 6, 2014; for Tramadol ER was not medically necessary and should be a tapering dose to discontinue. The prescription for Flexeril was found medically unnecessary and should be a tapering dose to discontinue. The prescription for Mentherm Lotion was denied due to no documentation of failed trials of antidepressants and anticonvulsants to support the medical necessity for topical analgesics. The physical therapy was denied due to 6 prior sessions completed to date, functional deficits and functional goals, However there remains no documentation of objective improvement with previous treatment. In addition, the proposed number of sessions and the additional sessions provided to date would exceed guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter; muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

Methoderm Lotion 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence:<http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-menthoderm>.

Decision rationale: Regarding the request for menthoderm, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the requested menthoderm is not medically necessary.

Physical Therapy 2x5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines; Pain, Suffering and the Restoration of Function Chapter, page 114, Official Disability Guidelines (ODG); Physical Therapy Guidelines/Low Back Chapter, Hip & Pelvis Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient has already undergone making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for their diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.