

Case Number:	CM13-0005815		
Date Assigned:	02/26/2014	Date of Injury:	01/09/2012
Decision Date:	09/05/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 32-year-old male who has submitted a claim for status post open reduction internal fixation of comminuted distal tibia and fibula fracture, right leg contusion, right lower extremity complex regional pain syndrome, chronic low back pain secondary to antalgic gait, depression, anxiety, stress, and insomnia associated with an industrial injury date of 05/09/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to the right foot. Aggravating factors included standing, walking, climbing stairs, bending, and twisting. Alleviating factors included medications, hot/cold modalities, and rest. Patient likewise complained of right ankle / foot pain associated with burning, numbness, and tingling sensation at the heel. He experienced symptoms of depression, anxiety and stress. Physical examination of the lumbar spine showed muscle guarding, tenderness and painful range of motion. Edema and restricted range of motion were noted at the right ankle. Strength of right lower extremities was graded 4/5. Gait was antalgic. Treatment to date has included open reduction internal fixation of comminuted distal tibia and fibula fracture, physical therapy, hot / cold modalities, and medications such as Norco, Gabapentin, Motrin, Percocet, Omeprazole, and topical products. Utilization review from 07/15/2013 denied the request for urine drug screen because there was no evidence suggesting risk of abuse; denied Norco 10/325 mg because there was no documentation concerning functional benefits; denied Flexeril 7.5 mg because long-term use was not recommended; denied Protonix 20 mg because there was no risk for gastrointestinal disorder; and denied Capsaicin 0.025% / Flurbiprofen 30% / Methyl Salicylate 4%, Flurbiprofen 20% / Tramadol 20%, Amitriptyline 6% / Dextromethorphan 30% / Tramadol 10%, and Cyclobenzaprine HCl 2% / Flurbiprofen 30% because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, treatment regimen included Norco and Percocet. There were no previous urine drug screen results in the records submitted. Testing for drug compliance is reasonable at this time. Therefore, the request for urine drug screen is medically necessary.

NORCO 10/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Pain Treatment Agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the exact initial date of opioid intake is unknown due to insufficient documentation. Patient reported pain relief upon its use. However, the medical records do not clearly reflect continued functional benefit. Results of urine drug screens were likewise unavailable. MTUS Guidelines require clear and concise documentation for ongoing management. Quantity to be dispensed is likewise not specified. Therefore, the request for Norco 10/325 mg is not medically necessary.

FLEXERIL 7.5 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN-MUSCLE RELAXANTS FOR PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41- 42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the exact initial date of Flexeril intake is unknown due to insufficient documentation. Muscle spasm was not evident in the records submitted. Long-term use is also not recommended. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Flexeril 7.5 mg is not medically necessary.

PROTONIX 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-NSAIDS, GI Symptoms And Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the exact date of initial Protonix intake is unknown due to lack of documentation. However, there was no subjective report that patient was experiencing heartburn, epigastric burning sensation or any other gastrointestinal symptoms that will corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Protonix 20mg is not medically necessary.

CAPSAICIN 0.025%/FLURBIPROFEN 30%/MENTHYL SALICYLATE 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Salicylate, Topical Analgesics Page(s): 28-29; 105; 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The prescribed medication contains

Flurbiprofen, which is not supported by the guidelines. There was no documented intolerance to oral medications necessitating topical products. Therefore, the request for Capsaicin 0.025%/Flurbiprofen 30%/Menthyl Salicylate 4% is not medically necessary.

FLURBIPROFEN 20%/TRAMADOL 20%: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. The topical formulation of Tramadol does not show consistent efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The prescribed medication contains Flurbiprofen and Tramadol, which are not supported by the guidelines. There was no documented intolerance to oral medications necessitating topical products. Therefore, the request for Flurbiprofen 20%/Tramadol 20% is not medically necessary.

AMITRIPTYLINE 6%/DEXOTROMENTHOPHAN 30%/TRAMADOL 10%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference, Amitriptyline Topical.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The topical formulation of Tramadol does not show consistent efficacy. Dextromethorphan is not addressed in the guidelines. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The prescribed medication contains Amitriptyline and Tramadol, which are not supported by the guidelines. There was no documented intolerance to oral medications necessitating topical products. Therefore, the request for Amitriptyline 6%/Dextromethorphan 30%/Tramadol 10% is not medically necessary.

CYCLOBENZAPRINE HCL 2%/FLURBIPROFEN 30%: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is not recommended for use as a topical analgesic. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The prescribed medication contains Flurbiprofen and Cyclobenzaprine, which are not supported by the guidelines. There was no documented intolerance to oral medications necessitating topical products. Therefore, the request for Cyclobenzaprine HCL 2%/Flurbiprofen 30% is not medically necessary.