

Case Number:	CM13-0009379		
Date Assigned:	09/11/2013	Date of Injury:	12/01/2002
Decision Date:	04/30/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/09/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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:

The patient is a 48-year-old female who reported an injury on 12/01/2002. The mechanism of injury was noted to be the patient was carrying 40 pound boxes in and out of the freezer. The patient underwent a C5 through C7 anterior cervical decompression and fusion on 11/04/2008. The patient had multiple urine drug screens that were consistent with the medications that were prescribed. The most recent documentation indicated the patient had complaints of neck pain, right low back pain, right shoulder and arm pain, and right leg pain. The patient complained of mild dizziness. The patient indicated that her symptoms were stable and well maintained with medications. The patient's pain score was 5/10 with medications and 9/10 without medications. The urine drug screen was appropriate for prescribed medications. The diagnoses were noted to include cervical radiculopathy, chronic pain syndrome, thoracic herniated disc, upper extremity bilateral paresthesias, tension headaches, and neuropathic phantom pain as well as chronic pain related insomnia. The request was made for additional acupuncture 2 times a week times 4 weeks as the physician indicated the patient was stable and he opined he would like to continue it, the medications that were noted to be continued were Vicodin ES, Anaprox, Gabapentin, Prilosec for gastric irritation, FluriFlex, Medrox patches and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: California MTUS indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The physician indicated the test was to monitor for compliance, however the patient had multiple urine drug screens that were consistent for medications that were prescribed. The clinical documentation submitted for review failed to indicate the patient had documented issues of abuse, addiction or poor pain control. Given the above, the request for a urine drug screen is not medically necessary.

Acupuncture; 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation. Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or reduction in work restrictions. The clinical documentation submitted for review indicated that the patient was stable on her current regimen; however, there was lack of documentation of objective functional improvement including a clinically significant improvement in activities of daily living. Additionally, the request as submitted failed to indicate the body part the acupuncture was being requested for. Given the above, the request for acupuncture 8 sessions is not medically necessary.

Gabapentin; 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60.

Decision rationale: California MTUS Guidelines indicate that Neurontin is appropriate for the treatment of chronic pain and there should be documentation of objective functional improvement as well as a decrease in the VAS score. The clinical documentation submitted for review indicated per the patient that the pain was 5/10 with medications and 9/10 without medications. However, there was lack of documentation of objective functional improvement to

support ongoing use of the medication. Given the above, the request for gabapentin 600 mg #60 is not medically necessary.

Prilosec; 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS Guidelines indicate that PPIs are appropriate for the treatment of dyspepsia. The clinical documentation submitted for review indicated that the patient was taking the medication for gastric irritation. However, there is lack of documentation of efficacy of the requested medication. Given the above, the request for Prilosec 20 mg #30 is not medically necessary.

Fluriflex Ointment;180mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Cyclobenzaprine Page(s): 72,111,41.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration... California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of Cyclobenzaprine to other agents is not recommended. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations and FDA recommendation. Given the above, the request for FluriFlex Ointment; 180 mg is not medically necessary.

Medrox Patch; #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin Page(s): 105,111,28.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The clinical documentation submitted for review failed to indicate a necessity for 2 topical medications containing Capsaicin. Additionally, there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating the efficacy of the requested medication. Given the above, the request for Medrox patch #30 is not medically necessary.