

Case Number:	CM13-0010708		
Date Assigned:	03/26/2014	Date of Injury:	03/05/2013
Decision Date:	09/08/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/14/2013

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:

This patient is a 58 y/o male with a date of injury of 3/05/13. Subsequent to a lifting injury he developed worsening neck and left shoulder pain. The patient had a cervical MRI which showed wide spread cervical spondylosis with multiple levels of neuroforaminal stenosis. At C6-7 there was moderate central and lateral stenosis. He was evaluated by an orthopedic surgeon and was diagnosed with a left sided radiculopathy as there was loss of sensation and strength corresponding to a C6-7 compression. Subsequent to the initial medical care and orthopedic evaluation there appears to be a transfer of care to a chiropractor as the primary treating physician. The chiropractor referred him to an internist for medications. The internist's documentation is not available for review. The UR stated that a modification was recommended allowing Vicodin for an additional 2 months to allow the prescribing physician adequate time to meet guideline standards.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to take before initiating a trial, Initiating, Maintenance Page(s): 76,77,78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend risk screening, an opioid contract, detailed reporting of use patterns and objective measurements of functional improvements. The records provided for review do not support that these standards are met. The guidelines do not support the long-term use of opioids under these circumstances. Therefore, the request for Vicodin is not medically necessary.

FLEXERIL 7.5MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Flexeril is not recommended for long-term daily use. In this case, the records provided for review do not show an exceptional circumstance to justify an exception to the guideline recommendations. Therefore, the request for Flexeril is not medically necessary.

OMEPRAZOLE 20MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI risks Page(s): 68.

Decision rationale: There is no documented history of an ongoing use of oral NSAIDs or GI problems associated with the current treatment. This class of medications (Proton Pump Inhibitors) is not benign and the MTUS Medical Treatment Guidelines state that there has to be a specific medical indication for long-term use. In this case, no specific medical indications are documented. Therefore, the request for Omeprazole is not medically necessary.

FLURBIPROFEN CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that if an ingredient utilized in a topical analgesic is not FDA approved for topical use, that topical agent is not recommended. Topical Flurbiprofen is not FDA approved as a topical NSAID. If a topical

NSAID was warranted there is no medical reason why an FDA approved product could not be utilized. Therefore, the request for Flurbiprofen cream is not medically necessary.

GABACYCLOTRAM CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Topical Analgesics Page(s): 113, 114.

Decision rationale: Gabacyclotram is a compounded mix of several medications that include Gabapentin and Cyclobenzaprine. The Chronic Pain Medical Treatment Guidelines state that if an ingredient of a compounded topical is not FDA approved for this purpose the compound is not recommended. The guidelines specifically state that Gabapentin is not recommended. Topical muscle relaxants (Cyclobenzaprine) are not FDA approved or recommended for topical use. Therefore, the request for Gabacyclotram cream is not medically necessary.

TEROCIN CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Terocin Cream is a compounded blend of several over the counter products plus Lidocaine 2.5%. The Chronic Pain Medical Treatment Guidelines do not support the use of topical lidocaine 2.5% for chronic pain conditions. The guidelines state that if a single ingredient is not recommended the compound is not recommended. Therefore, the request for Terocin cream is not medically necessary.

LAXACIN 50MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Initiating Treatment Page(s): 77.

Decision rationale: The Laxacin is directly related to use of the Vicodin. The long-term use of Vicodin was denied which directly leads to the conclusion that the Laxacin is not medically necessary. The Chronic Pain Medical Treatment Guidelines support the use of laxatives if opioids are causing constipation, but if the opioids are denied the laxatives are not medically necessary. Therefore, the request for Laxacin is not medically necessary.