

Case Number:	CM13-0015443		
Date Assigned:	10/08/2013	Date of Injury:	09/26/2005
Decision Date:	03/12/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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 53-year-old male who reported an injury on 09/26/2005. The mechanism of injury was stated to be the patient was transferring a patient weighing approximately 180 pounds into a van, when the patient he was assisting lost her footing and began to fall and caught her with all of the patient's weight, striking him in the chest. The patient was noted to feel a cracking sensation in the low back, and a burning pain radiating up the spine to the neck area. The patient's diagnoses were noted to be cervical disc syndrome, low back syndrome, status post lumbar spine surgery, bilateral upper and lower extremity radiculitis, and bilateral knees. The patient was noted to have complaints of neck pain rated a 10/10. The patient was noted to have received 6 to 8 epidural steroid injections to help the cervical spine, and received 6 to 8 injections in the lumbar spine. The patient was noted to have decreased range of motion in the lumbar spine, and a positive straight leg raise in the supine position bilaterally. The patient was noted to have a decreased range of motion in the cervical spine. The request was made for medication refills, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: California MTUS Guidelines indicate that PPIs are recommended for treatment of dyspepsia secondary to NSAID therapy. There was a lack of documentation indicating the patient had signs or symptoms of dyspepsia. Additionally, there was a lack of documentation indicating the efficacy of the requested medication. Given the above, the request for prospective request for 1 prescription of omeprazole DR #90 is not medically necessary.

Flexeril (Cyclobenzaprine) 7.5mg #90: 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 Muscle Relaxants Page(s): 63.

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are second-line therapy and are used for short term acute exacerbations of chronic low back pain for no longer than 2 to 3 weeks. The clinical documentation submitted for review indicated the patient had been on the medication long term. There was a lack of documentation of the efficacy of the requested medication. There was a lack of documentation of the rationale for long term use. Given the above, the request for prospective request for 1 prescription of Flexeril (cyclobenzaprine) 7.5 mg #90 is not medically necessary.

TGHot Topical Cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Gabapentin, Topical Capsaicin, Topical Analgesics, Topical Salicylates Page(s): 82, 113.

Decision rationale: The California MTUS states, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.... Topical Salicylates are recommended... A thorough search of www.FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy... Gabapentin: Not recommended. There is no peer-reviewed literature to support use... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments.... there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. California MTUS guidelines recommend Topical Salicylates." The clinical documentation submitted for review failed to provide the patient had not responded to, or was intolerant to, other treatments. Additionally, tramadol is not recommended for topical use, nor is gabapentin. Given the above, the request for prospective

request for 1 prescription of TGHOT Topical Cream, with an unstated quantity, is not medically necessary.

Tramadol HCL ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines indicate that tramadol is recommended for chronic pain. There should be documentation of an objective decrease in VAS score, objective functional improvement, adverse side effects, and aberrant drug taking behavior. There was a lack of documentation of the above criteria for ongoing use. Given the lack of documentation, the request for prospective request for 1 prescription of tramadol HCL ER 150 mg #30 is not medically necessary.

FluriFlex topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); and the National Guidelines Clearinghouse.

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 a 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." The clinical documentation submitted for review failed to provide documentation that the patient had tried antidepressants and anticonvulsants and had failed the trial of the medications. Additionally, there was a lack of documentation of neuropathic pain. Given the above, and the lack of documentation of the quantity of medication being requested, the request for prospective request for 1 prescription for Fluriflex topical cream is not medically necessary.

Relafen 750mg #180: 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 NSAID Page(s): 67.

Decision rationale: California MTUS Guidelines indicate that NSAIDs are recommended as an option for short term symptomatic relief of pain. Additionally, it is recommended as a second-line treatment after acetaminophen. The clinical documentation submitted for review failed to indicate the patient had trialed acetaminophen and failed. The clinical documentation failed to indicate the efficacy of the medication and the functional benefit as the medication request was for a refill. Given the above, the request for prospective request for 1 prescription for Relafen 750 mg #180 is not medically necessary.

12 Physical Therapy (PT) Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review failed to provide documentation of prior treatments, and the patient's response to prior treatments. Additionally, there was a lack of documentation of a body part that the therapy was being requested for. There was a lack of documentation indicating the necessity for 12 sessions. Given the above, the prospective request for 12 physical therapy (PT) sessions is not medically necessary.