

Case Number:	CM13-0016814		
Date Assigned:	11/06/2013	Date of Injury:	03/09/2012
Decision Date:	10/01/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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 Family 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 56-year-old female who has submitted a claim for lumbar disc protrusion, lumbar musculoligamentous injury, lumbar radiculopathy, left hip pain, left hip sprain/strain, sleep disturbance, depression, and irritability associated with an industrial injury date of 3/9/2012. Medical records from 2013 were reviewed. Patient complained of constant, moderate low back pain, associated with stiffness and weakness. Aggravating factors included standing, walking, bending, and squatting. Patient likewise complained of moderate left hip pain, associated with stiffness. Patient experienced loss of sleep due to pain, averaging two to 4 hours of sleep for more than a year. Patient also reported symptoms of depression and irritability. Patient stated that treatment regimen resulted to pain control. Physical examination of the lumbar spine showed tenderness and muscle spasm. Kemp's test and straight leg raise test were positive bilaterally. Examination of the left hip showed tenderness and positive Patrick's FABERE test. Ambulation showed favoring of the left lower extremity. Urine drug screens from 7/25/2013, 6/13/2013, and 2/20/2013 showed undetected levels of medications. Treatment to date has included use of a back brace and cane, home exercise program, physical therapy, chiropractic care, acupuncture, aquatic therapy, and medications such as Norco, Flexeril, omeprazole, and topical creams (all since February 2013), and gabapentin (since July 2013).

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Norco 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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, patient has been on Norco since February 2013. Patient reported symptom control with medication use. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Moreover, urine drug screens from 7/25/2013, 6/13/2013, and 2/20/2013 showed undetected levels of medications. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 #60 is not medically necessary.

The request for Flexeril 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

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 patient has been on Flexeril since February 2014. Although the most recent physical exam still showed evidence of muscle spasm, long-term use of muscle relaxant is not guideline recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Flexeril 7.5MG #60 is not medically necessary.

The request for Omeprazole 20mg #60: Upheld

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

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, patient has been on omeprazole since February 2013. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.

The request for Gabapentin 600mg #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 9792.24.2., Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16-17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on gabapentin since July 2013. Patient complained of constant, moderate low back pain, associated with stiffness and weakness. Patient likewise complained of moderate left hip pain, described as dull and achy. However, clinical manifestations were not consistent with neuropathic pain; hence, there was no clear indication for prescription of gabapentin. There was no discussion concerning need for variance from the guidelines. Therefore, the request for Gabapentin 600mg #60 is not medically necessary.

The request for urine drug screen (UDS) #4 per year: 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, 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, current treatment regimen includes Norco, Flexeril, omeprazole, and gabapentin. Urine drug screens from 7/25/2013, 6/13/2013, and 2/20/2013 showed undetected levels of medications, and there was no management response concerning this issue. There is no compelling rationale for performing drug screen at this time. No aberrant drug behavior was likewise noted. Therefore, the request for urine drug screen (UDS) #4 per year is not medically necessary.

The request for compounded creams Capsacin, Flurbiprofen, Tramadol, Monthol, and Comphor 240gms: 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 Capsaicin, Topical Analgesics Page(s): 28-29; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

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 if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further 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. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains flurbiprofen and tramadol, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for compounded creams Capsaicin, Flurbiprofen, Tramadol, Menthol, and Camphor 240gms is not medically necessary.

The request for compound creams Flurbiprofen, Tramadol 240gms: 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 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. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains flurbiprofen and tramadol, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for compound creams Flurbiprofen, Tramadol 240gms is not medically necessary.

The request for liver function test (LFT) and renal panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088>.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, patient has been on chronic Norco, Flexeril, omeprazole, and gabapentin use. However, there was no documented indication or rationale presented that may support the request for this patient. The medical necessity cannot be established due to insufficient information. Therefore, the request for liver function test (LFT) and renal panel is not medically necessary.