

Case Number:	CM13-0020391		
Date Assigned:	11/08/2013	Date of Injury:	12/17/2007
Decision Date:	08/04/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/05/2013

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; has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 injured worker is a 52-year-old female who worked as a cook employed by [REDACTED] who sustained an injury to her lumbar spine on December 17, 2007. She was cleaning a bottom stove reaching inside and noted a pop and immediate pain to the lumbar spine when coming out of the stove. The injured worker was treated for lumbar discopathy and radiculopathy and underwent a five-year course of treatments for chronic low back and lower extremities complaints which included opiate analgesics, muscle relaxants, benzodiazepines, anti-epileptics, active restrictions, physical therapy and multiple other modalities. A magnetic resonance image (MRI) of the lumbar spine dated April 20, 2008 demonstrated a 7mm broad based disc protrusion at L5-S1 with mild central stenosis and severe bilateral neural foraminal narrowing right greater than left. The L4-5 broad based disc bulge with mild central stenosis and moderate to moderately severe bilateral neural foraminal narrowing L3-4 disc bulge mild to moderate left and moderate right neural foraminal narrowing. Electromyogram/nerve conduction velocity dated July 16, 2008 reported to show no abnormalities. The most recent progress note dated June 22, 2013 the injured worker complained of neck pain. Severity of her pain was rated 5-6/10 visual analog scale. Upper back pain the patient complained of upper back pain. Severity of back pain was rated 7/10. Low back pain the patient complained of low back pain. Severity of low back pain was rated 7/10. Medication made the pain better. Walking, standing, squatting, lifting, and bending made the pain worse. On physical examination, flexion of the lumbar spine was to 40 degrees. Extension was to 10 degrees. Right lateral bending was to 20 degrees. Left lateral bending 15 degrees. Right rotation 20 degrees. Left rotation 15 degrees. There was tenderness to palpation at T2 through T8 there was myospasm of the thoracic spine. She had a decreased range of motion. Diagnosis lumbar disc bulge with radiculopathy. She had a thoracic

spine segmental dysfunction. In reviewing past documents the VAS score was always 8-10. There was no documentation of functional improvement, and no significant decrease in pain. She had urine drug screen testing which several have been inconsistent. The current request is for compound medication consisting of capsaicin (.025%), flurbiprofen (30%) and methyl salicylate (4%), 240mg with no refills; compounded medication of flurbiprofen (20%) and tramadol (20%) 240g with no refills; Medrox patch 30g; Ambien 10mg (every six hours as needed, #30); Norco 10/325 (every six hours as needed #20); and Soma 350mg (two times daily, #60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Capsaicin (.025%), Flurbiprofen (30%) and Methyl Salicylate (4%), 240mg with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound drugs.

Decision rationale: The request for compound medication Capsaicin (.025%), flurbiprofen (30%), methyl salicylate (4%), 240mg with no refills is not medically indicated. The clinical documentation submitted for review, and current evidence based guidelines do not support the documentation. The most recent progress note is dated June 22, 2013. Topical NSAIDs are recommended for short-term use (one to two weeks), particularly for soft tissue injuries such as sprain/strains. According to a recent review, topical non-steroidal anti-inflammatory drugs (NSAIDs) can provide good levels of pain relief for sprains, strains, and overuse injuries, with the advantage of limited risk of systemic adverse effects as compared to those produced by oral NSAIDs. Therefore, medical necessity has not been established.

Compound Medication: Flurbiprofen (20%) and Tramadol (20%), 240gm with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound drugs.

Decision rationale: The current evidence based guidelines do not support the request for the compounded medication. The California MTUS Guidelines, the Official Disability Guidelines and United States Food and Drug Administration (FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that

all components of a transdermal-compounded medication be approved for transdermal use. This compound contains tramadol, which have not been approved by the FDA for transdermal use. The request for compounded medication of flurbiprofen (20%) and tramadol (20%), 240g with no refills, is not medically necessary.

Medrox Patch 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, topical analgesics.

Decision rationale: The request for Medrox Patch 30gm is not medically necessary. The clinical documentation submitted does not support the request. Last progress note dated June 22, 2013, with no updated information, not knowing the injured workers current condition. Therefore, medical necessity has not been established.

Ambien 10mg (every 6 hours as needed, #30): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien®).

Decision rationale: The request for Ambien 10mg (every 6 hours as needed, #30) is not medically necessary. The clinical documentation submitted for review, and current evidence based guidelines do not support the documentation. There is a lack of current clinical documentation. She had urine drug screen testing which several have been inconsistent. Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Therefore, medical necessity has not been established.

Norco 10/325mg (every 6 hours as needed, #20): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: The request for Norco 10/325mg (every 6 hours as needed, #20) is not medically necessary. The clinical documentation submitted for review, and current evidence based guidelines do not support the documentation. There is a lack of current clinical documentation. She had urine drug screen testing which several have been inconsistent. In reviewing past documents the visual analog scale score was always 8-10. There was no documentation of functional improvement, and no significant decrease in pain. As such, medical necessity has not been established.

Soma 350mg (twice a day, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, muscle relaxant for pain.

Decision rationale: The request for Soma 350mg (twice a day, #60) is not medically necessary. The clinical documentation submitted for review, and current evidence based guidelines do not support the documentation. There is a lack of current clinical documentation. She had urine drug screen testing which several have been inconsistent. In reviewing past documents the visual analog scale score was always 8-10. There was no documentation of functional improvement, and no significant decrease in pain. As such, medical necessity has not been established.