

Case Number:	CM13-0025835		
Date Assigned:	11/20/2013	Date of Injury:	01/25/2011
Decision Date:	02/13/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/18/2013

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 Family Practice 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 52-year-old male who reported an injury on 01/25/2011. The patient is currently diagnosed with cervical sprain and strain, thoracic radiculopathy, lumbar radiculopathy, right rotator cuff sprain and strain, right shoulder internal derangement, and status post surgery on the right shoulder. The patient was seen by [REDACTED] on 08/05/2013. The patient reported 9/10 pain. Physical examination revealed 3+ tenderness to palpation of the cervical paravertebral muscles and T1-2 spinous process, muscle spasm of the thoracic paravertebral muscles, positive Kemp's testing, and muscle spasm of the lumbar paravertebral muscles. Treatment recommendations included continuation of current medication, a urine toxicology report, and follow-up labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. As per the clinical notes submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the use of a proton pump inhibitor. As such, the request is non-certified.

Flexeril 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Cyclobenzaprine is not recommended to be used longer than 2 to 3 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to demonstrate palpable muscle spasm in the thoracic paravertebral muscles and lumbar paravertebral muscles. The patient continues to report 9/10 pain. Satisfactory response to treatment has not been indicated. Guidelines do not recommend long-term use of this medication. Based on the clinical information received, the request is non-certified.

Flurbiprofen 20 % cream 30 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended as a whole. As per the clinical notes submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the patient does not currently meet criteria for the use of a topical analgesic. As such, the request is non-certified.

Tramadol 20% cream 30 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended as a whole. As per the clinical notes submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the patient does not currently meet criteria for the use of a topical analgesic. As such, the request is non-certified.

Cyclobenzaprine 10%/ Gabapentin 10% cream 30 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended as a whole. As per the clinical notes submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic and Gabapentin and Cyclobenzaprine are not recommended. Therefore, the patient does not currently meet criteria for the use of a topical analgesic. As such, the request is non-certified.

urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The California MTUS Guidelines state diagnostic testing is recommended as an opinion, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines (ODG) state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, the patient's injury was over 2 years ago to date, and there is no indication of noncompliance or misuse of

medication. There is no evidence that this patient falls under a high risk category that would require frequent monitoring. As such, the request is non-certified.

LFTs/Renal panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. There are no guideline recommendations for specific frequency in performing laboratory evaluation for chronic NSAID use, and repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The patient exhibits no symptoms to suggest abnormality due to medication use; therefore, it would not be necessary to perform laboratory evaluations. Based on the clinical information, the request is non-certified.