

Case Number:	CM13-0026125		
Date Assigned:	11/22/2013	Date of Injury:	04/02/1991
Decision Date:	03/18/2014	UR Denial Date:	08/30/2013
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 Pain Management, has a subspecialty in Disability Evaluation 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 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 48 year-old male who has history of chronic low back pain. According to a clinic note on 8/8/13 there was mention of the need to follow-up with Dr. next week to adjust his pain pump to give him more medication and that he was getting moderate relief of his muscle spasm and no other physical exam findings were listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg for two months: 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 NSAIDs Page(s): 69.

Decision rationale: This patient has an intrathecal pump for pain management and there is no documentation to support the need for anti-inflammatory medications. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. All NSAIDs have U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. There is

no rationale provided in the documentation submitted to support the medical necessity of concurrent use of two oral NSAIDs along with a topical NSAID. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) and none of these tests were performed based on the medical records reviewed. Therefore, the request for Anaprox 550mg is not medically necessary.

Neurontin 80mg for two months: 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 Antiepileptic Drugs Page(s): 18-19.

Decision rationale: There was also no documentation of any specific objective diabetic neuropathy or post-herpetic neuralgia condition occurring to support the need for the Neurontin based on the guideline criteria. This patient has an intrathecal pump for pain management and there is no documentation to support the need for anti-epileptic medications.

Sinralyne PM: 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 Official Disability Guidelines (ODG), Chronic Pain Chapter, Medical Food, and information from the Pharmceutica of North America (<http://www.pnarx.com/wp-content/uploads/2014/02/Sinralyne-PM-f-LQ.pdf>)

Decision rationale: With respect to Sinralyne-PM, this medical food that is used to treat insomnia. There is no documentation of any distinctive nutritional requirements based on recognized scientific principles, that is deficient for which the medical food Sinralyne-PM is being used as a supplement. Therefore, the request for Sinralyne-PM is not medically necessary.

Fluriflex ointment: 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 based on Non-MTUS Citation ODG, Low Back Chapter, Topical Analgesics.

Decision rationale: The prospective request for FluriFlex (Flurbiprofen/Cyclobenzaprine 15/10%) ointment, does not satisfy CA MTUS or ODG Guidelines. Topical agents are primarily

recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed and the documentation provided for review did not describe well-demarcated neuropathic pain that has failed with the readily available oral agents such as antidepressant, antiepileptic, or nonsteroidal anti-inflammatory class to support medical necessity. Also, it has not been established that there has been inadequate analgesia, intolerance or side effects from the more accepted first-line medications prior to consideration of compounded topical formulations. Also the guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Cyclobenzaprine and Flurbiprofen is not supported by the guideline. Therefore, the request is not medically necessary.

Medrox patches: 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 based on Non-MTUS Citation ODG, Low Back Chapter, Topical Analgesics.

Decision rationale: California MTUS evidenced-based guidelines does not support use of this medication. Medrox cream is Menthol 5%, Methyl salicylate 20%, and Capsaicin 0.0375%. There is no current indication that this increase over a 0.025% Capsaicin formulation would provide any further efficacy. The Compound Medrox is a mixture of methyl salicylate, menthol, capsaicin prescribed as a patch for neuropathic pain management. (CA-MTUS primarily recommended Topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation that this is the case, therefore the prescription of Medrox patch is not medically necessary. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the medical necessity of the request for Medrox patches #20 dispensed on 7/25/13, has not been established.