MAXIMUS Federal Services

Case Number:	CM13-0031601		
Date Assigned:	12/04/2013	Date of Injury:	09/20/2008
Decision Date:	01/27/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	10/03/2013

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:

This is a 52-year-old male with a history of industrial injury from repetitive cumulative trauma dated November 20, 2004 with a subsequent injury on September 20, 2008 as per the documentation. The claimant has chronic cervicalgia, myofascial strain, and referred pain in the upper extremities. A follow up of May 2, 2013 documents weakness of the grasp with the right first and the second finger and diminished deep tendon reflexes in the right upper extremity. The claimant is receiving conservative therapy including topical analgesics and Pantoprazole and Naproxen orally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol powder: 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: The Chronic Pain Medical Treatment Guideline states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The use of topical analgesicis is largely experimental 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Tramadol is FDA approved for oral use only. Therefore the request for Tramadol powder is not medically necessary and appropriate.

Gabapentin powder: 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: The Chronic Pain Medical Treatment Guideline states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The use of topical analgesicis is largely experimental 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Therefore the request for Gabapentin powder is not medically necessary and appropriate.

Cyclobenzaprine powder: 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: The Chronic Pain Medical Treatment Guideline states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The use of topical analgesicis is largely experimental 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as

monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Cyclobenzaprine is a muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. Therefore the request for Cyclobenzaprine powder, is not medically necessary and appropriate.

Flurbiprofen powder: 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: The Chronic Pain Medical Treatment Guideline states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The use of topical analgesicis is largely experimental 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Flurbiprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Therefore the request for Flurbiprofen powder is not medically necessary and appropriate.

Pantoprazole Sodium: 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: GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: Pantoprazole Sodium (Omeprazole) is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who at risk of gastrointestinal (GI) bleeding. The Chronic Pain Medical Treatment Guidelines recommend determining first the risk factors for gastrointestinal events and cardiovascular disease. According to medical records, the patient did not have a history of gastrointestinal issues. It appears that this claimant was prescribed Omeprazole on prophylaxis basis because an NSAID was also prescribed. There are

no clinical indications for omeprazole therapy. Additionally, there is no primary Gl disease. There are no secondary GI side effects subsequent to prolonged use of multiple medications, which are effective and well tolerated. Therefore, the requested Pantoprazole Sodium is not medically necessary and appropriate.

Naproxen Tabs 550mg: 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 (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension. They may cause fluid retention, edema, and rarely, congestive heart failure. In addition congestive heart failure may develop due to fluid retention. NSAIDs are relatively contraindicated because of the possibility of worsening hypertension and accelerating the development of kidney damage in a patient with diabetes mellitus. This patient has a history of diabetes mellitus and hypertension. Therefore the request for Naproxen DS 550mg is not medically necessary and appropriate, since it is not indicated for chronic use.