

Case Number:	CM13-0032556		
Date Assigned:	12/11/2013	Date of Injury:	08/14/2004
Decision Date:	03/17/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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 Internal Medicine, Pulmonary Diseases 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 43-year-old female who reported an injury on 08/14/2004; the mechanism of injury was not provided. The patient was noted to have a back surgery on 08/22/2008. The patient was noted to have moderate reduction of the range of motion of the lumbar spine secondary to pain and spinal vertebral tenderness in the lumbar spine at L4-S1. The patient was noted to have lumbar paraspinous muscle spasm on palpation. The patient's diagnoses were noted to include lumbar radiculopathy, lumbar failed surgery syndrome, lumbar post-laminectomy syndrome, chronic pain, insomnia secondary to chronic pain, and medication-related dyspepsia. The request was for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66, 70.

Decision rationale: Chronic Pain Medical Treatment Guidelines indicate that Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of

osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation submitted for review indicated the patient has been on the medication since 2012. It failed to provide the efficacy of the requested medication and the necessity for long term use. Given the above and the lack of documentation, the request for Naproxen 550 mg #60 is not medically necessary.

Omeprazole 20mg DR #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (nonsteroidal anti-inflammatory drug Page(s): 69.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommends the use of PPIs (proton pump inhibitors) for dyspepsia secondary to NSAID use. The clinical documentation submitted for review failed to provide the patient had signs or symptoms of dyspepsia. Additionally, it failed to provide the efficacy of the requested medication. As the medication Naproxen that was concurrently reviewed was not approved and this medication is for treatment of dyspepsia secondary to NSAID use, the request for Omeprazole 20 mg DR #30 is not medically necessary.

Companzine 10mg 60#: 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: Companzine online web version.

Decision rationale: Per online web version, Compazine is used to treat psychotic disorders, anxiety, and to control severe nausea and vomiting. The clinical documentation submitted for review failed to provide the indications for the use of this medication. Additionally, it failed to provide the efficacy. Given the above and the lack of documentation, the request for Compazine 10 mg #60 is not medically necessary.

Robaxin 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Robaxin Page(s): 64.

Decision rationale: Chronic Pain Medical Treatment Guidelines indicate that Robaxin is an antispasmodic used in low back pain to decrease muscle spasms, although it is sometimes used whether a spasm is present or not. The patient was noted to have lumbar paraspinous muscle spasms on examination. The clinical documentation submitted for review indicated this medication was being prescribed for muscle spasms. However, it failed to provide the efficacy of the requested medication. Given the above, the request for Robaxin 750 mg #60 is not medically necessary.

Trixaicin HP 0.078% cream, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 111, 112.

Decision rationale: Per (NIH) National Institutes of Health, Trixaicin is a topical analgesic containing capsaicin 0.05% active ingredient. Chronic Pain Medical Treatment Guidelines states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy". The clinical documentation submitted for review failed to provide the efficacy of the medication. Additionally, it failed to provide the necessity for non-adherence to guideline recommendations. Given the above, the request for Trixaicin HP 0.78% cream is not medically necessary.

ambient 10mg #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

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

Decision rationale: Official Disability Guidelines indicates it is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review indicates the patient has been on this medication since 2012. It fails to provide documentation of the efficacy of the requested medication. Additionally, it fails to provide the necessity for continued use as the guideline indicates it is for use up to 6 weeks. Given the above, the request for Ambien 10 mg #30 is not medically necessary.