

Case Number:	CM13-0036847		
Date Assigned:	12/13/2013	Date of Injury:	02/09/2012
Decision Date:	02/13/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/22/2013

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 Orthopedic Surgery, has a subspecialty in Spinal Surgery, 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 has a date of injury of 2/9/12, with the report of endoscopic biopsy of the right nasal septal lesion on 8/6/13. An exam note from 9/16/13 demonstrates tenderness of cervical paravertebral muscles with positive Spurling's maneuver. There was also a report of positive Tinel's sign at the elbow and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Cyclobenzaprine Hydrochloride 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the California MTUS Cyclobenzaprine is "recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril®) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended." In this particular case there is insufficient

evidence to support the use of Flexeril. The condition is chronic; therefore, the request is not medically necessary and is non-certified.

request for 18 Sumatriptan Succinate 25mg: 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

Decision rationale: The MTUS guidelines/ACOEM is silent on the use of this drug. Per the Official Disability Guidelines, Sumatriptan Succinate is recommended for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. However, there is lack of medical evidence in the records to support usage. Based upon the records reviewed there is insufficient evidence of chronic industrial related migraine headaches to support its use. It is therefore recommended for non-certification.

30 Quazepam 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS guidelines/ACOEM is silent on the use of this drug. Per the Official Disability Guidelines, Sumatriptan Succinate is recommended for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. However, there is lack of medical evidence in the records to support usage. Based upon the records reviewed there is insufficient evidence of chronic industrial related migraine headaches to support its use. It is therefore recommended for non-certification.

60 Ondansetron ODT 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. There is insufficient evidence in the records to support Ondansetron. The request is non-certified.

30 Medrox patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS and Official Disability Guidelines (ODG) both note that for topical compounded medications, if any one component is not recommended under the respective guidelines, the entire medication cannot be recommended. Medrox ointment contains a combination of menthol 5%, capsaicin 0.0375% and methyl salicylate 20%. The MTUS and ODG do not recommend the use of capsaicin in dosages higher than 0.025 % for the treatment of low back pain. The FDA cautions the use of menthol, capsaicin and/or methyl salicylate topicals due to the potential for chemical burns; a warning has been added to these medications. As this formulation contains > 0.025 % capsaicin, its use cannot be recommended. Consequently, the use of Medrox ointment should not be certified.

120 grams of LenzaGel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per the California MTUS regarding topical analgesics, they 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. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Based on these aforementioned guidelines regarding topical agents, this request is not medically necessary.

120 Cidaflex tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This medication is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis, given its low risk. However, there is no evidence of significant osteoarthritis in the records for this patient. Therefore, the determination is non-certification.

Ketoprofen 75mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the California MTUS regarding NSAIDs such as Ketoprofen, specific recommendations are its use for osteoarthritis at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There is no evidence of long-term effectiveness for pain or function. There is insufficient evidence to support functional improvement with regard to Ketoprofen, or the diagnosis of osteoarthritis to warrant usage. Therefore the determination is non-certification.

Hydrocodone/Acetaminophen (Norco) 10/325mg: 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 Chapter 6 of the ACOEM Guidelines: Pain Suffering Restoring Function

Decision rationale: According to the California MTUS/ACOEM guidelines regarding opioids, they are indicated for moderate to moderately severe pain, but there are opioid adverse effects. The usual dose of 5/500mg is 1-2 tablets as needed every 4-6 hours for pain, with a maximum of eight tablets a day. For higher doses, the recommendation is for one tablet every 4-6 hours as needed for pain. Hydrocodone has a maximum dose of 60mg per day, while the maximum dose for acetaminophen is 4g per day. Furthermore, this medication is most effective for acute pain, as usefulness wanes dramatically in subacute or chronic phases. If narcotics are to be used chronically, the patient should sign a pain contract, should agree to functional expectations, and should receive medication from one physician. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In addition there is no evidence of appropriate following of guidelines above to warrant medical necessity. Therefore the determination is for non-certification.

30 Levofloxacin 750mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

Decision rationale: Mosby's Drug Consult states that Levofloxacin is a fluoroquinolone anti-infective available for oral, intravenous, or ophthalmic administration. In this case there is insufficient evidence of active infection to support medical necessity. Therefore, the determination is for non-certification.

60 Alprazolam ER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the California MTUS regarding benzodiazepines, they are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Due to the high level of risk, the request for Quazepam is not medically necessary and is not certified.