

Case Number:	CM13-0037667		
Date Assigned:	01/10/2014	Date of Injury:	03/19/2012
Decision Date:	03/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/24/2013

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 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 30-year-old female who reported an injury on 03/19/2012. The mechanism of injury was not provided. The patient's diagnoses were noted to include lumbar disc displacement with myelopathy and postsurgical state NEC. The patient was noted to have a lumbar spine fusion on 05/29/2012. Upon physical examination, the patient had decreased range of motion in the lumbosacral region. The patient had a positive Kemp's test on the right and a positive straight leg raise on the right with extension at 60 degrees, and a positive straight leg raise on the left with extension at 45 degrees. The patient was noted to have a decreased sensory examination on the left at L5-S1. The patient's deep tendon reflexes were within normal limits with the exception of the tendon on the Achilles, which was +1, and the motor strength was noted to be 4/5 at the EHL and gastroc/peroneus. The treatment plan was noted to include Voltaren 100 mg by mouth twice a day with meals #60, Prilosec 20 mg by mouth daily #60, Flexeril 7.5 mg by mouth 3 times a day as needed #90, Ultram ER by mouth once a day #30, and there were transdermal creams that were dispensed, include cyclobenzaprine 10%, plus gabapentin 10% cream 30 grams, and tramadol 20% cream 30 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg # 60: Upheld

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

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

Decision rationale: California MTUS guidelines recommend the Proton Pump Inhibitor (PPI) s for the treatment of dyspepsia secondary to NSAID therapy. The patient was noted to be taking Voltaren. However, there was a lack of documentation indicating the patient had signs or symptoms of dyspepsia. Additionally, there was a lack of documentation indicating the necessity for 60 tablets, as the patient was to take 1 daily. Given the above, the request for Prilosec 20 mg #60 is not medically necessary.

Flexeril 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Muscle Relaxants Page(s): 63.

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are appropriate and prescribed as a second-line option for short-term treatment of acute exacerbations of back pain. There was a lack of documentation indicating this was an exacerbation of low back pain. There was a lack of documentation indicating a necessity for 90 tablets, and the physical examination failed to indicate the patient had muscle spasms. The request was concurrently being reviewed with Cyclobenzaprine, another muscle relaxant, and there was a lack of documentation indicating a necessity for 2 forms of muscle relaxants. Given the above, the request for flexeril 7.5 mg #90 is not medically necessary.

Cyclobenzaprine 10%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Compound Topical Creams.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Cyclobenzaprine Page(s): 111, 113.

Decision rationale: California MTUS indicates topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. Clinical documentation submitted for review failed to provide the patient had neuropathic pain and had trialed and failed antidepressants and anticonvulsants. The request was concurrently being reviewed with Flexeril, another muscle relaxant, and there was a lack of documentation indicating a necessity for 2 forms of muscle relaxants. Given the above

and the lack of documentation of exceptional factors, as well as the quantity of cyclobenzaprine being requested, the request for cyclobenzaprine 10% is not medically necessary.

Gabapentin 10% 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Compound Topical Creams.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Gabapentin, Page(s): 111, 113.

Decision rationale: California MTUS indicates topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. California MTUS Guidelines do not recommend the topical use of Gabapentin as a topical anti-epilepsy drug. The clinical documentation submitted for review failed to provide the patient had documented neuropathic pain and that the patient had trialed and failed antidepressants and anticonvulsants. Additionally, gabapentin is not recommended as a topical. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for gabapentin 10% 30 grams is not medically necessary.

Tramadol 20% 30gm (compound medication): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Tramadol. Page(s): 111, 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Tramadol, Page(s): 111, 82.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. Clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations and to FDA guidelines. Given the above, the request for tramadol 20% 30 gram compounded medication is not medically necessary.