MAXIMUS Federal Services

Case Number:	CM13-0052555		
Date Assigned:	12/30/2013	Date of Injury:	09/28/2006
Decision Date:	04/03/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 29-year-old male with a date of injury of 09/28/2006. The listed diagnoses per [redacted] dated 09/16/2013 are: (1) Discogenic syndrome, lumbar, (2) Lumbar facet arthropathy, (3) Muscle spasm, and (4) Gastritis. According to report dated 09/16/2013 by [redacted], the patient presents with complaints of low back pain and muscle spasm. The patient states that the medication controls the pain sufficiently, which allows him to continue working and completing his activities of daily living. It was noted that patient's pain is stable since last visit. His pain is on average 5/10 on medication. His pain level is 5/10 today and presents for refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Prilosec 20mg capsules (10/7/13) QTY: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: The patient presented with complaints of low back pain and muscle spasms. The treating provider is requesting Prilosec 20 mg #60. The utilization review dated 10/16/2013, modified the certification from #60 to #30. The Chronic Pain Guidelines indicate that omeprazole is recommended with precaution for patients at risk for gastrointestinal events, such as: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, and (4) High dose/multiple non-steroidal anti-inflammatory drug (NSAID). As documented in the report dated 09/16/2013, the treater is prescribing this medication for patient's upset stomach and gastritis. The guidelines also indicate that for "treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Given patient's history and diagnosis of gastritis, the recommendation for Prilosec is authorized.

Retrospective request for Soma 350 mg tablets (10/7/13) QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 and 63.

Decision rationale: The patient presented with complaints of low back pain and muscle spasms. The treating provider is requesting Soma 350 mg #120. The Chronic Pain Guidelines indicate that Soma is not recommended. The guidelines "recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of medications in this class may lead to dependence". The treater is requesting a refill for Soma 350 mg #120. Medical records indicate that this patient has been prescribed Soma since 01/07/2013. Muscle relaxants are recommended for short-term use only and patient should be slowly weaned as outlined in the guidelines. Recommendation is for denial.

Retrospective request for Capsaicin 0.0375%/ Menthol 10%/ Camphor 2.5%/ Tramadol 20% - crÃ¨me, 30grams (10/7/13) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, and 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The patient presented with stable complaints of low back pain and muscle spasm. The treating provider is requesting capsaicin 0.075%, menthol 10%, camphor 2.5%, tramadol 20% cream. The Chronic Pain Guidelines indicate that topical agents are "largely experimental in use with few randomized controlled trials to determine efficacy or safety any compounded products that contains at least 1 drug or drug class that is not recommended is not

recommended". In addition, the guidelines allows capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, the guidelines consider doses that are higher than 0.025% to be experimental. The requested compound cream contains 0.0375% of capsaicin which is not supported by the guidelines. Furthermore, tramadol is not recommended as a topical formulation. Therefore, the entire compound cream is not recommended.