

Case Number:	CM13-0056291		
Date Assigned:	09/18/2014	Date of Injury:	07/12/2012
Decision Date:	10/16/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 expert 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 40-year-old male who has submitted a claim for myofasciitis, lumbar disc disease with radiculopathy, cervical disc disease, bilateral lumbar facet arthropathy, and right knee trauma with internal derangement associated with an industrial injury date of July 12, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities, right worse than left. Pain was associated with numbness and tingling sensation resulting to difficulty in performing activities of daily living. Physical examination of the lumbar spine showed restricted motion, muscle spasm, and tenderness. Provocative maneuvers were negative. Muscle strength was intact. Urine drug screen from October 8, 2013, December 13, 2013 and February 13, 2014 showed inconsistent results with prescribed medications. Treatment to date has included 30 sessions of physical therapy, acupuncture, aqua therapy, two lumbar epidural steroid injections, radiofrequency facet ablation on the right side of the lumbar spine, and medications such as gabapentin, Naprosyn, Vicodin, cyclobenzaprine, omeprazole, and Zofran (since June 2013). Utilization review from October 18, 2013 denied the requests for Anaprox 550mg, Fexmid 7.5mg, Neurontin 800mg, Protonix 20mg, Norco 5/325, Cyclobenzaprine 10% and Gabapentin 10% Cream, Flurbiprofen 20% Cream, Tramadol 20 % Cream, and LSO Brace. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS (550mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47. Decision based on Non-MTUS Citation ODG, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Anaprox since June 2013. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request is not medically necessary.

Fexmid (7.5mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fexmid Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Fexmid since June 2013. However, there is no documentation concerning pain relief and functional improvement derived from its use. Although the most recent physical exam still showed evidence of muscle spasm, long-term use of muscle relaxant is not recommended. Therefore, the request is not medically necessary.

Neurontin (800mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17. Decision based on Non-MTUS Citation FDA, Neurontin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, patient complains of low back pain radiating to bilateral lower extremities, right worse than left. Pain is associated with numbness and tingling sensation resulting to difficulty in performing activities of daily living. Clinical manifestations are consistent with neuropathic pain. The patient has been on Neurontin as early as June 2013. However, there is no documentation concerning pain relief and functional improvement derived from medication use. Therefore, the request is not medically necessary.

Protonix (20mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation ODG, Pain Chapter; and on the Non-MTUS FDA, Pantoprazole (Pontonix).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Protonix since June 2013. However, there is no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. Therefore, the request is not medically necessary.

Norco (5/325mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since June 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen from October 8, 2013, December 13, 2013 and February 13, 2014 also showed inconsistent results with prescribed medications. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not medically necessary.

Cyclobenzaprine (10%) and Gabapentin (10%) Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is not recommended for use as a topical analgesic. Guidelines do not support the use of opioid medications and gabapentin in a topical formulation. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains cyclobenzaprine and gabapentin, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request is not medically necessary.

Flurbiprofen (20%) Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS Guidelines. In addition, there is little to no research as for the use of flurbiprofen in compounded products. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains flurbiprofen, which is not recommended for topical use. There is no discussion concerning need for variance from the guidelines. There is likewise no discussion concerning intolerance or failure of oral analgesics. Therefore, the request is not medically necessary.

Tramadol (20 %) Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The topical formulation of tramadol does not show consistent efficacy. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains tramadol, which is not recommended for topical use. There is no discussion concerning need for variance from the guidelines. There is likewise no discussion concerning intolerance or failure of oral analgesics. Therefore, the request is not medically necessary.

LSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As stated in the ACOEM Practice Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, patient complained of low back pain radiating to bilateral lower extremities, right worse than left. Pain was associated with numbness and tingling sensation resulting to difficulty in performing activities of daily living. Symptoms commenced since the injury date in 2012. However, the request for a back brace as part of the conservative treatment regimen is outside the initial acute phase of injury and not supported by the guidelines. There is no discussion concerning need for variance from the guidelines. Therefore, the request is not medically necessary.