MAXIMUS Federal Services

Case Number:	CM13-0056535		
Date Assigned:	12/30/2013	Date of Injury:	06/24/2008
Decision Date:	05/09/2014	UR Denial Date:	10/25/2013
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 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 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 injured worker is a 55-year-old male who reported an injury on 06/24/2008. The mechanism of injury occurred when the injured worker was attempting to pick up boxes weighing 50 pounds and felt a pain in his mid-back. The injured worker's medication history included Soma, diazepam, methadone, Promolaxin, and Prilosec as of 2012. The documentation of 09/05/2013 revealed the injured worker's medications were methadone, Valium, Prilosec, Elavil, and Lyrica, calcium with vitamin D, Promolaxin, Ketamine/Gabapentin/Amitriptyline /Clonidine rub, Gabapentin/tramadol/lidocaine rub, and Ketoprofen/Cyclobenzaprine rub for relief of pain. The injured worker indicated that there is some relief of pain with the above medications. The plan on that date was to refill medications. Additionally, the request was for Gabadone 2 capsules 30 minutes before bedtime for sleep, Theramine 120 two capsules daily for pain and inflammation, and Trepadone dispensed 90 to be taken 1 every 8 hours for joint pain. The documentation of 09/13/2013 revealed the medications prescribed by the psychiatrist were ProSom 2 mg #30, venlafaxine 75 mg #60 and Xanax 0.5 mg 1 four times a day. The request was made for continued medications. The documentation of 09/24/2013 indicated the injured worker had tenderness to palpation over the lumbar spine and the request was made for Soma 350 mg #360.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review incidated the injured worker had been on the medication for greater than 1 year. There was a lack of documentation of objective functional improvement that was received from the medication. There was a lack of documentation indicating the injured worker had muscle spasms to support ongoing use. The request as submitted failed to indicate the frequency for the medication. Given the above, the request Is not medically necessary and appropriate.

DIAZEPAM 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review indicated the injured worker had been on the medication for more than 1 year. There was a request for 2 different benzodiazepines and there was a lack of documentation indicating the necessity for 2 medications from the same class. There was a lack of documentation indicating the objective functional benefit received from the medication. The request is not medically necessary and appropriate.

METHADONE 10MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The The MTUS Chronic Pain Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease

in pain, and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been taking the medication for greater than 1 year. There was a lack of documentation of the above criteria. Additionally, the request as submitted failed to indicate the frequency for the medication. Given the above, the request is not medically necessary and appropriate.

PROLAXIN 1-2 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Non-MTUS Citation: http://www.igenericdrugs.com/?s=prolaxin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The MTUS Chronic Pain Guidelines indicate when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The medication per the physician was Promolaxin. There was a lack of documentation of the efficacy of the requested medication. The injured worker was noted to be on Promolaxin for more than 1 year. The request as submitted was for Prolaxin 1 to 2 #60 and there was a lack of documentation including the strength of the medication. Given the above, and the lack of clarity, as well as the lack of documented frequency, the request is not medically necessary.

PRILOSEC 20MG #60: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been on the medication since 2012. There was a lack of documentation of the efficacy and the frequency of the requested medication. Given the above, the request for Prilosec 20 mg #60 is not medically necessary.

GABADONE 2 CAPS #609: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

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

Decision rationale: The Official Disability Guidelines do not recommend Gabadone. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The duration of the medication could not be established. The request as submitted failed to indicate the frequency. Given the above, the request is not medically necessary.

THERAMINE 2 CAPS #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

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

Decision rationale: The Official Disability Guidelines do not recommend Theramine. Theramine is a medical food. The duration of the medication could not be established. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to ODG's recommendations. The request as submitted failed to indicate the frequency as well as the strength of the medication. Given the above, the request is not medically necessary.

TRAPADONE #90: 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 Official Disability Guidelines (ODG), Pain Chapter, Trepadone

Decision rationale: The Official Disability Guidelines indicate that Trepadone is medical food that is intended for the use of joint disorders associated with pain and inflammation. It is not recommended for pain or inflammation per current references. The request as submitted failed to indicate the strength as well as the frequency. Given the above, the request for Trepadone is not medically necessary.

KETAMINE 10%/GABAPENTIN 10%/AMITRIPTYLINE 10%/CLONIDINE 0.2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-119.

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate that "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... 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...Regarding the use of Ketamine it is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. ... Gabapentin is not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product." The clinical documentation submitted for review indicated the injured worker had been on the medication for 1 month. There was a lack of documentation indicating the injured worker had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to the MTUS Chronic Pain Guidelines' recommendations. There was a lack of documentation indicating the necessity for 2 ointments or creams with Gabapentin. Additionally, there was a lack of documentation indicating a necessity for 2 antidepressants, 1 in the form of oral and 1 in the form of topical. The request as submitted failed to indicate a quantity and frequency for the medication being requested. Given the above, the request is not medically necessary and appropriate.

GABAPENTIN 10%/TRAMADOL 20%/LIDOCAINE 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-119.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety... 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...Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product." The clinical documentation submitted for review indicated the injured worker had been on the medication for 1 month. There was a lack of documentation of the efficacy of the requested medication. Additionally, the request as submitted failed to indicate the frequency of medication being requested. There was a lack of documentation indicating a necessity for 2 topicals with Gabapentin. Given the above, the request is not medically necessary and appropriate.

KETOPROFEN 20%/CYCLOBENZAPRINE 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-119.

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

Decision rationale: The MTUS Chronic Pain Guidelines state topical analgesics "are largely experimental in use with few randomized controlled trials to determine efficacy or safety... 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." The request as submitted failed to indicate the necessity for both an oral and topical muscle relaxant, as this request was concurrently being reviewed for a request including Soma. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for Ketoprofen 20%/ Cyclobenzaprine 4% is not medically necessary.