

Case Number:	CM13-0057720		
Date Assigned:	03/03/2014	Date of Injury:	04/25/2007
Decision Date:	09/09/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic Surgery, has a subspecialty in and is licensed to practice in Mississippi. 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 records presented for review indicate that this 47 year-old individual was reportedly injured on April 25, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated November 4, 2013, indicates that there are ongoing complaints of low back pain with bilateral lower extremity involvement. The physical examination demonstrated a normotensive individual who endlessly slightly antalgic gait and has a well healed surgical scar in the lower abdomen. There is diffuse paravertebral muscle spasm and tenderness noted to the lower lumbar region the spine and straight leg raising is reported to be positive. Diagnostic imaging studies objectified were not reviewed. Previous treatment includes multiple medications, physical therapy, surgical intervention, and pain management interventions (spinal question letters). A request had been made for multiple medications and was not certified in the pre-authorization process on November 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82 and 113.

Decision rationale: As noted in the MTUS, this is a centrally acting synthetic opioid analgesic and not recommended as a first-line oral analgesic. Furthermore, while there is a subjective indication that there is some pain relief, there is no objective data in terms of increased functionality, decrease symptomology, or any other abilities that would indicate that this medication is having its intended effect. As such, the medical necessity for this medication is not been established.

Celexa 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16 & 107.

Decision rationale: This medication is noted to be a SSRI (selective serotonin reuptake inhibitor) useful in the treatment of depression. There is no noted depression, noting findings or symptomology associated with the depression. There is no clinical indication for this medication, no noted efficacy for this medication and taking into account the parameters outlined in the MTUS that this is not recommended this is not medically necessary.

ProSom 2mg: Upheld

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

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

Decision rationale: This medication is a benzodiazepine. As such, when noting the parameters outlined in the MTUS this is not recommended for long-term use because the efficacy is unproven and there is a significant risk of dependence or even addiction. Therefore, when noting the parameters outlined in the MTUS tempered with the lack of any noted efficacy in the progress notes there is no medical necessity established for this medication.

Fluriflex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: This is a topical compounded preparation that includes a non-steroidal (flurbiprofen) and a benzodiazepine (cyclobenzaprine) that is as noted in the MTUS, "largely

experimental" and is not recommended. Furthermore, the literature does not support the transdermal delivery model for non-steroidal anti-inflammatory medications (flurbiprofen). Additionally, as noted above there is no clinical indication for the indefinite, long-term or chronic use of benzodiazepine medications (cyclobenzaprine). In noting the parameters outlined in the MTUS when a component of a compound preparation is not recommended the entire preparation is not recommended. As such, there is no medical necessity for this topical compounded preparation.

TGHot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines indicate Gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of Capsaicin only as an option for patients who are intolerant of other treatments and there is no indication that an increase over a 0.025% formulation would be effective. There is no documentation in the records submitted indicating the claimant was intolerant of other treatments. The request for topical TGHot is not in accordance with the MTUS guidelines. Therefore, the request for TGHot Cream is not medically necessary.

TRAMADOL 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82 and 113.

Decision rationale: When noting the date of injury, the injury sustained, the surgical intervention completed, and the most recent progress note presented for review; there is no data presented to suggest that this medication is demonstrating any efficacy or utility. While noting that the pain is "controlled" there is no noted increase in functionality, decrease in symptomology, or ability to return to work. Therefore, the medical necessity for the continued use of this medication has not been established.

CELEXA 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16 & 107.

Decision rationale: This medication is noted to be a SSRI (selective serotonin reuptake inhibitor) useful in the treatment of depression. There is no noted depression, noting findings or symptomology associated with the depression. There is no clinical indication for this medication, no noted efficacy for this medication and taking into account the parameters outlined in the MTUS that this is not recommended this is not medically necessary.

PROSOM 2MG: Upheld

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

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

Decision rationale: This medication is a benzodiazepine. As such, when noting the parameters outlined in the MTUS this is not recommended for long-term use because the efficacy is unproven and there is a significant risk of dependence or even addiction. Therefore, when noting the parameters outlined in the MTUS tempered with the lack of any noted efficacy in the progress notes there is no medical necessity established for this medication.

TOPICAL COMPOUND FLURIFLEX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: This is a topical compounded preparation that includes a non-steroidal (flurbiprofen) and a benzodiazepine (cyclobenzaprine) that is as noted in the MTUS, "largely experimental" and is not recommended. Furthermore, the literature does not support the transdermal delivery model for non-steroidal anti-inflammatory medications (flurbiprofen). Additionally, as noted above there is no clinical indication for the indefinite, long-term or chronic use of benzodiazepine medications (cyclobenzaprine). In noting the parameters outlined in the MTUS when a component of a compound preparation is not recommended the entire preparation is not recommended. As such, there is no medical necessity for this topical compounded preparation.

TOPICAL COMPOUND TG HOT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines indicate Gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of Capsaicin only as an option for patients who are intolerant of other treatments and there is no indication that an increase over a 0.025% formulation would be effective. There is no documentation in the records submitted indicating the claimant was intolerant of other treatments. The request for topical TGHot is not in accordance with the MTUS guidelines. Therefore, the request for TGHot Cream is not medically necessary.