

Case Number:	CM13-0062871		
Date Assigned:	12/30/2013	Date of Injury:	09/22/2005
Decision Date:	04/11/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/09/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 57-year-old =who reported injury on 09/22/2005. The mechanism of injury was noted to be a slip and fall. The patient's medication history included Norco, naproxen and Prilosec as of 2009. The office visit of 10/23/2013 revealed the patient had decreased range of motion and tightness in the lumbar paraspinal musculature. The patient had complaints of pain in the low back with radicular symptoms into the legs. The diagnoses were noted to include herniated lumbar and cervical disc. The request was made for a refill of Ultram, Anaprox, Prilosec and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM, 30 COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section and the Ongoing Management Section Page(s): 60, 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS (visual analog scale) score, and evidence that the patient is being monitored

for aberrant drug behavior and side effects. The patient was noted to be taking opiates since 2009. There was a lack of documentation indicating an objective improvement in function, an objective decrease in the VAS score and evidence the patient was being monitored for aberrant drug behavior and side effects. The submitted request failed to indicate a strength for the requested medication. The request for Ultram, 30 count, is not medically necessary or appropriate.

PRILOSEC 20 MG, 30 COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that state PPIs (proton pump inhibitors) are appropriate for the treatment of dyspepsia secondary to NSAID therapy. The records show that the patient had been taking a PPI since 2009. The physician indicated that the medication was to be taken twice a day for gastritis secondary to NSAID intake. There was a lack of documentation of efficacy of the requested medication. The request for Prilosec 20 mg, 30 count, is not medically necessary or appropriate.

COMPOUND MEDICATION KETOPROFEN (10%)/CYCLOBENZAPRINE (3%)/LIDOCAINE (5%), 120 MG, QUANTITY OF ONE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Topical Analgesics Section, Lidocaine Section, Ketoprofen Section Page(.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicates topical analgesics are largely 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. The Chronic Pain Medical Treatment 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. The addition of cyclobenzaprine to other agents is not recommended. Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application...Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Clinical documentation submitted for review failed to indicate the patient had neuropathic pain and that there had been a trial and failure of antidepressants and anticonvulsants. Clinical documentation submitted for review failed to indicate the necessity for three NSAIDS. As the patient was noted to be taking

an oral NSAID and another topical was being reviewed concurrently that included NSAIDS. The request for compound medication Ketoprofen (10%)/Cyclobenzaprine (3%)/Lidocaine (5%), 120 mg, quantity of one, is not medically necessary or appropriate.

COMPOUND MEDICATION FLURBIPROFEN (10%)/CAPSAICIN (0.025%)/MENTHOL (2%)/CAMPHOR (1%), 120 MG, QUANTITY OF ONE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen Section, Topical Analgesics Section, Topical Capsaicin Section, Topical Salicylates.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicates topical analgesics are largely 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The Chronic Pain Medical Treatment Guidelines says that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The Chronic Pain Medical Treatment Guidelines recommend Topical Salicylates. Methyl Salicylate 2% and camphor 2% are two of the ingredients of this compound. Clinical documentation submitted for review failed to indicate the necessity for three NSAIDS. As the patient was noted to be taking an oral NSAID and another topical was being reviewed concurrently that included NSAIDS. There was a lack of documentation indicating the patient had neuropathic pain and the patient had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating the patient had not responded or was intolerant to other treatments. The request for compound medication Flurbiprofen (10%)/Capsaicin (0.025%)/Menthol (2%)/Camphor (1%), 120 mg, quantity of one, is not medically necessary or appropriate.