

Case Number:	CM13-0063734		
Date Assigned:	12/30/2013	Date of Injury:	01/20/2003
Decision Date:	04/15/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/10/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 49-year-old male who reported an injury on 01/20/2003. The mechanism of injury was not provided. The patient's medication history included Norco, cyclobenzaprine, and gabapentin since 2011 and omeprazole as of 08/2013. The patient's diagnoses were noted to include cervical disc herniation at the C6-7 level, headaches, anxiety, and stress, left cubital tunnel release, status post left lateral epicondylar release, right lateral/medial epicondylitis compensatory, right carpal tunnel syndrome, status post anterior cervical discectomy and fusion at C6-7 on 09/10/2005, shoulder pain, possible impingement, and status post left shoulder arthroscopy. The office visit on 10/25/2013 revealed the patient had foraminal compression that was mildly positive with numbness and tingling to the upper extremities. The Spurling's maneuver was positive. Muscle spasm was noted in the cervical paraspinal muscles, as well as upper trapezius muscles bilaterally and the patient had suboccipital tenderness. The physician indicated the patient had necessity for compounded topical medications and a urine specimen. The treatment plan included medication refills and the prescription of FluriFlex and TGIce.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one Urinalysis 10/25/2013: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines indicate that urine drug screens are appropriate for patients with documented issues of abuse, addiction, or poor pain control. The patient had been treated with the pain management physician since 2006. There was a lack of documentation of prior urine drug screens. The clinical documentation submitted for review failed to provide documentation of the above recommendations. The physician indicated the urinalysis was performed to monitor medication use. Given the above, the retrospective request for one urinalysis 10/25/2013 was not medically necessary.

Retrospective request for one Rx Fluriflex 180gm cream 10/25/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen Page(s): 72.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, Topical Nonsteroidal anti-inflammatory drugs (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. This agent is not currently Food and Drug Administration (FDA) approved for a topical application. Food and Drug Administration (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. California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant 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. The clinical documentation submitted for review failed to indicate the patient had a trial and failure of antidepressants and anticonvulsants. There was lack of documentation indicating necessity for a topical and oral form of cyclobenzaprine. Given the above, the retrospective request for one prescription FluriFlex 180 gm cream 10/25/2013 was not medically necessary.

Retrospective request for one Rx TGlce 180gm cream 10/25/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol ,Topical Salicylates, Topical Analgesics, Gabapentin Page(s): 82,105,111,113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states, "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....Topical Salicylates are recommended... A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been Food and Drug Administration (FDA) approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The clinical documentation submitted for review failed to provide documentation of a trial and failure of antidepressants and anticonvulsants. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the retrospective request for 1 Rx TGIce 180 gm cream 10/25/2013 was not medically necessary.

Retrospective request for 60 Cyclobenzaprine 7/5mg 10/25/2013: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain for less than three weeks in duration. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been on the medication since 2011. There was lack of documentation indicating necessity for both a topical and oral cyclobenzaprine as this medication was concurrently being reviewed with a topical form of cyclobenzaprine. There was lack of documentation of objective functional improvement. Therefore, continued use would not be supported. Given the above, the retrospective request for 60 cyclobenzaprine 7.5 mg 10/25/2013 is not medically necessary.

Retrospective request for 60 Omeprazole 20mg 10/25/2013: 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: California Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of Proton pump inhibitors (PPIs) for patients with dyspepsia secondary to Nonsteroidal anti-inflammatory drugs (NSAID) therapy. There is lack of documentation

indicating the efficacy of the requested medication as the patient had been on the medication since 08/2013. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the retrospective request for 60 omeprazole 20 mg 10/25/2013 was not medically necessary.

Retrospective request for 60 Hydrocodone/APAP 10/325 MB 10/25/2013: 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,ongoing management Page(s): 60,78.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines indicate that opiates are recommended for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the visual analog scale score, and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient was being monitored for aberrant drug behavior and side effects. However, there was lack of documentation indicating the patient had an objective improvement in function and an objective decrease in the visual analog scale score as the patient was noted to be on the medication since 2011. Given the above, the request for the retrospective request for 60 hydrocodone/APAP 10/325 mg on 10/25/2013 was not medically necessary.