

Case Number:	CM13-0067985		
Date Assigned:	01/03/2014	Date of Injury:	02/24/2011
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 Physician 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 56-year-old female who was injured on February 24, 2011 when she slipped and fell. The patient continued to experience pain in low back, left shoulder, and neck. Physical examination showed restricted range of motion in the right shoulder, bilateral trapezius spasm, and sensory deficits in the upper and lower extremities. MRI of lumbar spine was done on March 5, 2013 and showed mild loss of disc height at L1-2, L3-4, and L4-5 with minimal disc bulges at L3-4, L4-5, and L5-S1. Diagnoses included sprain right shoulder, lumbosacral sprain, cervical sprain, and right hip strain. Treatment included home exercise, Ice/ Heat therapy, and medications. Requests for authorization for cyclobenzaprine, 7.5 mg #60, LidoPro cream 121 gm #1, and omeprazole 20 mg # 120 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: One (1) prescription of Cyclobenzaprine 7.5 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Pain Interventions and Guidelines Page(s): 63.

Decision rationale: Cyclobenzaprine is a muscle relaxant. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. In this case, the employee had been treated with cyclobenzaprine since at least March 2013. The duration of treatment surpasses the recommended short term duration defined as less than 2 weeks. In addition, documentation does not support that analgesia was obtained. The medication should not be authorized.

Retrospective: One (1) prescription of LidoPro cream 121 gm, #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Pain Interventions and Guidelines Page(s): 111-112.

Decision rationale: LiodPro cream is a compounded topical analgesic containing capsaicin, Lidocaine, methyl salicylate, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. Lidocaine is recommended for localized peripheral pain after the evidence of trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines indicate that further research is needed to recommend this treatment for chronic neuropathic pain. Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. There are no guidelines present for menthol. The lack of evidence does not allow determination of efficacy or safety. In this case documentation does not support that the employee has failed other treatments. Capsaicin and menthol are not recommended. The medication is not recommended because two of the component drugs are not recommended.

Retrospective: One (1) prescription of Omeprazole 20 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Pain Interventions and Guidelines Page(s): 68.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The employee in this case was not using NSAID medication and did not have any of the risk factors for a gastrointestinal event.