

Case Number:	CM13-0070284		
Date Assigned:	01/03/2014	Date of Injury:	09/04/2013
Decision Date:	06/12/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/24/2013

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 and 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 injured worker is a 64 year old female who was injured on 9/4/13 as a result of cumulative trauma performed during her normal job duties. Current diagnoses include cervical/thoracic/lumbar radiculopathy, cervical/thoracic/lumbar sprain/strain, thoracic radiculopathy, lumbar musculoligamentous injury, lumbar sprain/strain, bilateral shoulder impingement syndrome, bilateral elbow sprain/strain, bilateral carpal sprain/strain, status post-surgery of bilateral wrists, sleep disturbance, anxiety, and depression. A clinical note dated 12/13/13 indicated that the patient presented complaining of cervical spine, thoracic spine, and lumbar spine pain with bilateral shoulder and upper extremity pain in addition to sleep disturbances, and depression and anxiety due to pain. Physical examination revealed no bruising, swelling, atrophy, or lesions to all areas of complaints; however, her frequent anxiety and feelings of depression had worsened. Medications included Cyclobenzaprine, naproxen, Omeprazole, Zolpidem, compounded topical analgesic, and Tramadol/L-Carnitine. The patient underwent urine screening to rule out medication toxicity.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 GABAPENTIN 600MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request is not medically necessary.

60 OMEPRAZOLE 20MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: As noted in the Official Disability Guidelines, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age over 65 years; 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). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (over 1 year) has been shown to increase the risk of hip fracture. As such, the request is not medically necessary.

30 ZOLPIDEM 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: As noted in the Official Disability Guidelines, zolpidem is approved for the short-term (usually 2-6 weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Zolpidem can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request is not medically necessary.

90 TRAMADOL I/L-CAMLITINE 40/125MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ods.nih.gov/factsheets/Carnitine-HealthProfessional/.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: As noted in the Official Disability Guidelines, the use of herbal medicines or medical foods is not recommended. L-Camlitine is considered a medical food. Additionally, compounded medications utilizing components that have not been approved by the United States Federal Drug Administration are not recommended. As such, the request is not medically necessary

FLUBIPROFEN 20%, TRAMADOL 20% IN MEDIDEM BASE 240GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, the California MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen and Tramadol, which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. As such, the request is not medically necessary.

GABAPENTIN 10%, AMITRIPTYLINE 1%, DEXAMETHRPHAN 10% IN MEDIDERM BASE 240GM: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, the California MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. None of the components in this compound have been approved for transdermal use. In addition, there is no evidence within the

medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. As such, the request is not medically necessary.

URINE TOXICOLOGY SCREENING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs. Additionally, they can be used to detect the presence of drug dependence or diversion. However, there is no indication in the documentation of suspicion of diversion, dependence, or the use of opioid medications. As such, the request is not medically necessary.