

Case Number:	CM13-0072357		
Date Assigned:	01/08/2014	Date of Injury:	06/27/2011
Decision Date:	06/23/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/30/2013

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 Occupational Medicine and is licensed to practice in California. 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 52-year-old female who has filed a claim for rotator cuff syndrome and lumbar radiculopathy associated with an industrial injury date of June 27, 2011. Review of progress notes reports pain of the low back, right shoulder, right elbow, right wrist, right hip, right knee, and right ankle. Patient complains of loss of sleep, depression, anxiety, and irritability. Findings include restricted lumbar range of motion; tenderness of the right medial and lateral wrist, spasms of the hypothenar and thenar muscles, and findings consistent with carpal tunnel syndrome. There was tenderness and spasms of the right hip with positive Patrick's, and Fabere test. There were noted tenderness and spasms of the right lateral and medial knee with positive McMurray's test. Tenderness of the and right lateral ankle, spasms of the calf, with positive anterior drawer were seen. EMG/NCS of the upper and lower extremities, dated June 27, 2013, showed early/mild peripheral polyneuropathy secondary to a generalized/systemic neuropathic process. Treatment to date has included NSAIDs, opioids, topical creams, home exercises, physical therapy, TENS, chiropractic therapy, injection to the right knee, injection to the right shoulder, injection to the right ankle, aquatic therapy, shockwave therapy to the right ankle, arthroscopic surgery to the right knee in April 2012, and arthroscopic surgery to the right shoulder in December 2012. Utilization review from December 10, 2013 denied the requests for cyclobenzaprine; ibuprofen; omeprazole; Restone; and compound medication containing flurbiprofen, tramadol, gabapentin, amitriptyline, and dextromethorphan. Reasons for denial were not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG,QTY 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER MUSCLE RELAXANTS (FOR PAIN)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. The patient has been on this medication since December 2013. As recent progress notes submitted do not indicate patient's medication regimen, it is not known if the patient has continued intake of cyclobenzaprine. However, this patient does not present with acute exacerbations of chronic pain. Also, patient is on NSAID therapy; NSAIDs provide overall improvement compared to a muscle relaxant as stated above. Therefore, the request for cyclobenzaprine 7.5mg #60 is not medically necessary per the guideline recommendations of CA MTUS.

IBUPROFEN 800 MG,QTY 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. With chronic low back pain, NSAIDs are recommended for short-term symptomatic relief. The patient has been on this medication since April 2013. There is no documentation regarding the benefits derived from this medication. It is not known whether patient is still receiving positive effects from this medication after months of use. Therefore, the request for ibuprofen 800mg #60 is not medically necessary per the guideline recommendations of CA MTUS.

OMEPRAZOLE 20 MG, QTY 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL

TREATMENT GUIDELINES, CHAPTER NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS)

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

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. The patient has been on this medication since April 2013. However, patient does not have any of the risk factors as listed above. Patient also does not complain of adverse gastrointestinal symptoms. Therefore, the request for omeprazole 20mg #60 is not medically necessary per the guideline recommendations of CA MTUS.

RESTONE (MELATONIN/L-TRYPTOPHAN (MEH-LAH-TOE-NIN/L TRIP-TOE-FAN)) 3 MG-100 MG,: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Melatonin; Pain chapter, Medical food.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, melatonin is recommended for insomnia treatment. Repeated administration improves sleep and may reduce anxiety. There are also data supporting an analgesic role of melatonin in a dose-dependent manner. According to ODG, 5-hydroxytryptophan is possibly effective in treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. It has been found to be effective for depression. It should be used with caution in individuals using SSRIs. In this case, patient complains of loss of sleep. However, there is no description regarding patient's sleep difficulties or documentation of any therapeutic trial of conservative and/or pharmacologic modalities. There is insufficient information to support the use of this compound in this patient. Therefore, the request for Restone is not medically necessary per the guideline recommendations of ODG.

TOPICAL COMPOUND PREPARATION OF FLURBIPROFEN, TRAMADOL, GABAPENTIN, AMITRIPTYLINE AND DEXTROMETHOPHAN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER TOPICAL ANALGESICS ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: As noted on page 111-113 of the Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding flurbiprofen, there is little to no research as for the use of flurbiprofen in compounded products. Likewise, gabapentin is not recommended for use as a topical analgesic. There is no discussion regarding topical application of tramadol, amitriptyline, and dextromethorphan. In this case, there is no documentation regarding failure of or intolerance to first-line pain medications. Also, certain components of this compound are not recommended for topical application. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for topical compound medication containing flurbiprofen, tramadol, gabapentin, amitriptyline, and dextromethorphan is not medically necessary per the guideline recommendations of CA MTUS.