

Case Number:	CM14-0003028		
Date Assigned:	01/29/2014	Date of Injury:	09/18/2010
Decision Date:	06/27/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/08/2014

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 43-year-old male who has filed a claim for lumbar disc syndrome with radiculopathy associated with an industrial injury date of September 18, 2010. Review of progress notes reports mid back, low back, bilateral knee, and right foot pain. Findings include tenderness and muscle spasms of the lumbar region, decreased motor strength of the bilateral lower extremities, and decreased sensation of the right L5-S1 distribution. There was also positive Valsalva test, Kemp's test, and straight leg raise bilaterally; with positive Braggard's and Minor's on the right. With regards to the knee, there is bilateral tenderness at the joint line with limited and painful range of motion. McMurray's test with internal and external rotation is positive bilaterally. There is tenderness and hypersensitivity over the right ankle. Patient limps and uses a single-point cane for ambulation. Lumbar MRI from May 05, 2012 shows multilevel disc protrusions. Treatment to date has included NSAIDs, opioids, muscle relaxants, Voltaren gel, compounded medications, physical therapy, back bracing, facet blocks, lumbar epidural steroid injections, steroid injections to bilateral knees, and right ankle surgery. Utilization review from December 19, 2013 denied the request for Lidoderm patches #30 as guidelines state that these are not recommended for chronic neuropathic pain aside from post-herpetic neuralgia; and TGHOT cream and Fluriflex ointment as guidelines do not support the use of these compounded medications. There is modified certification for Flexeril 7.5mg for #60; and for Omeprazole 20mg for #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG #90: 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, CYCLOBENZAPRINE (FLEXERIL),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical 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. Patient has been on this medication since October 21, 2013 for an acute exacerbation of low back pain. However, continued use of this medication beyond the short-term period is not recommended. There is no documentation regarding the benefits derived from use of this medication. Therefore, the request for Flexeril 7.5mg #90 was not medically necessary.

LIDODERM PATCHES #30: 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, TOPICAL LIDOCAINE/ANTI-EPILEPSY DRUGS (AEDs),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 56-57.

Decision rationale: As stated on pages 56-57 in the CA MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. In this case, there is no documentation regarding intolerance to or failure of first-line therapy. Therefore, the request for Lidoderm patches #30 was not medically necessary.

OMEPRAZOLE 20 MG #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, NSAIDS-GIT SYMPTOMS & CARDIOVASCULAR RISK,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical 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 includes 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. Patient has been on this medication since December 2012. However, there is no mention of the abovementioned risk factors in this patient. Patient is not on NSAID therapy, and does not report GI symptoms. Therefore, the request for omeprazole 20mg #60 was not medically necessary.

TGHot CREAM: 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, TOPICAL ANALGESICS,

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

Decision rationale: TG Hot contains tramadol 8%/ gabapentin 10%/ menthol 2%/ camphor 2%/ capsaicin 0.05%. As noted on page 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended for use as a topical analgesic. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. This compounded medication contains compounds that are not recommended for topical use. There is no documentation regarding failure of first-line medications in this patient. Therefore, the request for TGHot cream was not medically necessary.

FLURFLEX OINTMENT: 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, TOPICAL ANALGESICS,

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

Decision rationale: Flurflex contains flurbiprofen 10% and cyclobenzaprine 10%. According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended for use as a topical analgesic. In addition, there is little to no research as for the use of flurbiprofen in compounded products. This compounded medication contains compounds that are not recommended for topical use. There is no documentation regarding failure of first-line medications in this patient. Therefore, the request for Flurflex ointment was not medically necessary.

