

Case Number:	CM14-0003669		
Date Assigned:	01/31/2014	Date of Injury:	02/15/2002
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine and Rehabilitation 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 [REDACTED] employee who has filed a claim for cervical and lumbar disc syndrome associated with an industrial injury of February 15, 2002. Thus far, the patient has been treated with opioids, Omeprazole, Lidoderm patches, injections to the back, and lumbar spine surgery in 2005. Review of progress notes from November 2013 indicates flare-up of the neck pain and low back pain. There are radicular symptoms in the left lower extremity with numbness, tingling, and weakness. Findings include decreased lumbar range of motion, positive Valsalva test and Kemps tests bilaterally, and positive straight leg raise test on the left. Motor strength of the lower extremity muscles is slightly decreased bilaterally. Lumbar MRI from February 2009 showed multi-level disk protrusion and disk desiccation, annular tear at L3 to L4, and retrolisthesis of L5 relative to the S1 vertebral body, mild hypertrophic facet changes, patent mural foramina, and no evidence of spinal stenosis. Utilization review dated December 23, 2013 indicates that the claims administrator denied a request for Tramadol ER as there is no evidence of functional improvement with this medication; omeprazole as it is not recommended for prophylactic use; TG Hot and Fluriflex as these compound medications are not recommended; referral to internal medicine specialist as there were no unusual active internal medicine related symptoms; and urine toxicology test as there were reports in May and August 2013, which were negative for all medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG #30, 3 BOTTLES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been on opioids (Vicodin) since March 2013, and on this medication since at least May 2013. There is no documentation in regarding symptomatic or objective functional improvements in this patient with the use of this medication. Therefore, the request for Tramadol ER 150mg #30, 3 bottles is not medically necessary and appropriate.

OMEPRAZOLE DR 20MG #30, 4 BOTTLES: Upheld

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

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

Decision rationale: According to the 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. In this case, the patient has been on this medication since May 2013. There is no discussion regarding adverse gastrointestinal symptoms in this patient, and the patient does not have any other risk factors as listed above. Therefore, the request for Omeprazole DR 20mg #30 4 bottles is not medically necessary and appropriate.

TGHOT(TRAMADOL 8%/GABAPENTIN 10%/MENTHOL 2%/CAMPHOR 2%/CAPSAICIN 0.05%) 180GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical Salicylates.

Decision rationale: TG Hot contains Tramadol 8%/ Gabapentin 10%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.05%. The Chronic Pain Medical Treatment Guidelines, state that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α_2 -adrenergic

receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, α_1 agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. 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, the MTUS Chronic Pain Medical Treatment Guidelines states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, the MTUS does not cite specific provisions, but the Official Disability Guidelines (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. In this case, there is no discussion regarding intolerance to first-line oral pain medications in this patient. Also, certain components of this medication are not recommended for topical application. Therefore, the request for TG Hot is not medically necessary and appropriate

FLURFLEX (FLURBIPROFEN 10%, CYCLOBENZAPRINE 10%) 180 GM: Upheld

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

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

Decision rationale: Fluriflex contains Flurbiprofen 10% and Cyclobenzaprine 10%. According to the MTUS Chronic Pain Medical Treatment Guidelines pages, 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. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. In this case, there is no discussion regarding intolerance to first-line oral pain medications in this patient. Also, the components of this medication are not recommended for topical application. Therefore, the request for Fluriflex was is not medically necessary and appropriate.

REFERRAL TO INTERNAL MEDICINE SPECIALIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 402.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (Acoem), 2nd Edition, (2004) Independent Medical Examinations and Consultations, pages 127, 156. for referral to internal medicine specialist is not medically necessary and appropriate.

Decision rationale: The ACOEM Independent Medical Examinations and Consultations chapter, state that an occupational health practitioner may refer to other specialists if a diagnosis

is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, recent progress notes does not document symptoms or issues that need to be referred to an internal medicine specialist. There is no clear indication for this request. Therefore, the request for referral to internal medicine specialist is not medically necessary and appropriate.

URINE TOXICOLOGY TEST: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. In this case, the patient has had two urine drug screens in 2013, one in May and another one in August. Both tests came out negative for any compounds. There is no indication of aberrant behavior or misuse of medications in this patient. Therefore, the request for urine drug screen is not medically necessary and appropriate.