

Case Number:	CM14-0006781		
Date Assigned:	02/07/2014	Date of Injury:	02/11/2012
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/15/2014

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 Internal Medicine has a subspecialty Pulmonary Diseases 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 injured worker is a 60 year old male who reported an injury on 12/27/2013. The mechanism of injury was reported as stepping off his truck. The diagnoses included lumbar sprain, lumbar radiculopathy, and status post lumbar spine surgery. Per the 01/09/2013 progress report, the injured worker reported low back pain and difficulty sleeping. Physical exam findings included decreased range of motion of the lumbar spine, tenderness to palpation at L3-5 paraspinal muscles, and positive straight leg raising. The injured worker underwent a urine drug screen. His medication regimen included Cyclobenzaprine 7.5mg, Gabapentin 600mg, Hydrocodone 10/325, Naproxen 550mg, Omeprazole 20mg, and Tramadol 50mg. A comprehensive drug panel collected 03/11/2013 detected Hydrocodone and was consistent with the current prescribed medication. Per the 12/18/2013 progress report, the injured worker was to continue Hydrocodone/APAP 10/325mg, and Omeprazole 20mg. The following medical creams were noted, 240gm Flurbiprofen 20%, Lidocaine 10%, Dexamethasone 4% and 240gm Capsaicin 0.0375%, Diclofenac 20%, Tramadol 10%, Flurbiprofen 10%. The provider noted he spent 30 minutes reviewing toxicology results from urine collected on the previous visit. The request for authorization form for Hydrocodone, Omeprazole, and compound medications was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MEDICATION (DISPENSED 12/18/13): HYDROCODONE/APAP 10/325MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use Page(s): 76-80.

Decision rationale: The CA MTUS guidelines state for opioid management there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records provided indicate an ongoing prescription for Hydrocodone 10/325mg since at least 01/09/2013. There is a lack of documentation regarding pain relief, functional improvement, and side effects to determine the necessity for continued use. As such, the request for Retrospective Medication (dispensed 12/18/13): Hydrocodone/APAP 10/325MG, #60 is not medically necessary.

RETROSPECTIVE MEDICATION (DISPENSED 12/18/13): OMEPRAZOLE 20MG, #60:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI SYMPTOMS AND CARDIOVASCULAR RISK, ,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms, and cardiovascular risk Page(s):.

Decision rationale: The CA MTUS guidelines state proton pump inhibitors are recommended for patients taking NSAIDs with current gastrointestinal problems, or those at risk for gastrointestinal event. Risks for gastrointestinal event include: age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. The medical records provided indicate an ongoing prescription for Omeprazole 20mg since at least 01/09/2013. There is no indication the injured worker is currently taking any NSAIDs. There is a lack of documentation to indicate the injured worker was experiencing any gastrointestinal problems. It does not appear the injured worker had a history of peptic ulcer or GI bleed. The medical necessity for Omeprazole was not established. As such, the request for retrospective medication (dispensed 12/18/13): Omeprazole 20mg, #60 is not medically necessary.

**RETROSPECTIVE 1 COMPOUND MEDICATION (DISPENSED 12/18/13):
FLURB/LIDO/DEXA, #240GM:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COMPOUNDED TOPICAL PRODUCTS, ,.

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

Decision rationale: The active ingredients in the requested cream include Flurbiprofen 20%, Lidocaine 10%, and Dexamethasone 4%. The CA MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence to support the use of topical NSAIDs for neuropathic pain. Lidoderm is the only commercially approved topical formulation of Lidocaine. The requested cream contains at least one drug that is not recommended for topical use; therefore, its use is not supported by guidelines. In addition, the submitted request did not specify the site of application. As such, the request for retrospective 1 compound medication (dispensed 12/18/13): Flurb/Lido/Dexa, #240gm is not medically necessary.

**RETROSPECTIVE 1 COMPOUND MEDICATION (DISPENSED 12/18/13):
CAP/DICLO/TRAMA/FLURBI, #240GM: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COMPOUNDED TOPICAL PRODUCTS, ..

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

Decision rationale: The active ingredients in the requested cream include Capsaicin 0.0375%, Diclofenac 20%, Tramadol 10%, and Flurbiprofen 10%. The CA MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical formulations of Capsaicin are recommended only as an option for patients who have not responded or are intolerant to other treatments. There is also no evidence a formulation greater than 0.025% would provide any further efficacy. There is no evidence to support the use of topical NSAIDs for neuropathic pain. Topical diclofenac is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. There is no indication the patient is experiencing pain from osteoarthritis. The requested cream contains at least one drug that is not recommended for topical use; therefore, its use is not supported by guidelines. In addition, the submitted request did not specify the site of application. As such, the request for retrospective 1 compound medication (dispensed 12/18/13): Cap/Diclo/Trama/Flurbi, #240mg is not medically necessary.

RETROSPECTIVE 1 COMPOUND MEDICATION (DISPENSED 12/18/13): TRAMA/L-CARNITINE 40/125MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COMPOUNDED TOPICAL PRODUCTS, ..

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

Decision rationale: The CA MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state there is little to no research to support the use of topical formulations of opioids. The requested cream contains at least one drug that is not recommended for topical use; therefore, its use is not supported by guidelines. In addition, the submitted request did not specify the site of application. As such, the request for retrospective 1 compound medication (dispensed 12/18/13): Trama/L-Carnitine 40/125mg, #90 is not medically necessary.

RETROSPECTIVE 2 COMPOUND MEDICATIONS (DISPENSED 12/18/13):

BACLO/FLURB/ACETY L-CARNITINE 7/6/125MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COMPOUNDED TOPICAL PRODUCTS,.

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

Decision rationale: The CA MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend the topical use of Baclofen as there is no peer-reviewed literature to support its use. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. The requested cream contains at least one drug that is not recommended for topical use; therefore, its use is not supported by guidelines. In addition, the submitted request did not specify the site of application. As such, the request for retrospective 2 compound medications (dispensed 12/18/13): Baclo/Flurb/Acety L-Carnitine 7/6/125mg, #90 is not medically necessary.