MAXIMUS Federal Services

Case Number:	CM14-0007616		
Date Assigned:	02/10/2014	Date of Injury:	03/15/2004
Decision Date:	07/14/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/20/2014

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 64-year-old male who has submitted a claim for severe grade 2 spondylolisthesis L4-L5 with pars defect; chronic lumbalgia with intermittent left lower extremity radicular symptoms, cervical spondylosis and paranoid personality disorder associated with an industrial injury date of 3/15/2004.Medical records from 2013 were reviewed. The patient complained of neck and low back pain. The pain resulted to difficulty in prolonged sitting, standing, and walking. The patient likewise experienced stomach upset associated with oral non-steroidal anti-inflammatory drug (NSAID) use. A physical examination of the lumbar spine revealed muscle spasm, tenderness, and restricted range of motion. Gait was normal.The treatment to date has included a home exercise program, acupuncture, massage therapy, and medications such as tramadol, Norco, glucosamine, omeprazole, and topical products.Utilization review from 12/18/2013 denied the requests for glucosamine/chondroitin, with two (2) refills, because there was no evidence that the patient has osteoarthritis; the omeprazole 20mg #60, with two (2) refills, because there were no gastrointestinal complaints; FluriFlex cream 180gms; and TGIce cream 180gms, because topical medications are largely experimental without established efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

GLUCOSAMINE/CHONDROITIN, WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The Chronic Pain Guidelines indicate that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the patient has been on this medication since May 2013. However, the patient does not have knee osteoarthritis or osteoarthritis of painful body parts that would necessitate use of this supplement. There is no clear rationale for the use of this supplement. Therefore, the request is not medically necessary.

OMEPRAZOLE 20MG #60 WITH 2 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC Pain Procedure Summary (last updated 10/14/2013), Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: The Chronic Pain Guidelines indicate that clinicians should weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors, such as: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient was documented to have gastric upset associated with prior oral NSAID use. The medical necessity was established. Therefore, the request is medically necessary.

FLURIFLEX CREAM 180GMS: Upheld

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

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

Decision rationale: Flurflex contains flurbiprofen 10% and cyclobenzaprine 10%. The Chronic Pain Guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommend 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. In this case, the patient was prescribed topical products since May 2013 secondary to gastric upset from oral non-steroidal anti-inflammatory drug (NSAID) use. However, both components of this cream are not recommended for topical use. Moreover, there

was no discussion concerning need to provide multiple topical medications. Therefore, the request is not medically necessary.

TGICE CREAM 180GMS: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical non-steroidal anti-inflammatory drug (NSAID) formulation is only supported for diclofenac in the guidelines. The guidelines do not support the use of both opioid medications and gabapentin in a topical formulation. Regarding the Menthol component, the guideliens do not cite specific provisions, but the Official Disability Guidelines indicate that the FDA has issued an alert in 2012 indicating that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, camphor, or capsaicin, may in rare instances cause serious burns. In this case, the patient was prescribed topical products since May 2013 secondary to gastric upset from oral NSAID use. However, there are certain components of this cream that are not recommended for topical use. Moreover, there was no discussion concerning need to provide multiple topical medications. Therefore, the request for is not medically necessary.