

Case Number:	CM14-0007892		
Date Assigned:	02/07/2014	Date of Injury:	02/01/2013
Decision Date:	06/23/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/17/2014

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 44 year-old male with date of injury February 1, 2013. The medical record associated with the request for authorization, a primary treating physician's progress report, dated December 18, 2013 lists subjective complaints as pain in low back and left knee. Objective findings: Examination of the lumbar spine revealed sitting straight leg raise caused pain bilaterally. Examination of the left knee revealed no bruising, swelling, atrophy, or lesion present. There was muscle spasm of the anterior knee. McMurray's caused pain. Anterior and Posterior Drawer were negative. Diagnosis: 1. Lumbar muscle spasm 2. Lumbar sprain/strain 3. Left knee internal derangement 4. Left knee strain/sprain. The medical records provided for review show no documentation that would suggest the patient has been prescribed the following medications before the request for authorization on December 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 GRAM FLURBIPROFEN 20% / TRAMADOL 20%: 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, 111

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.20-9792.26, 67-73, 111

Decision rationale: According to the California MTUS Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is an NSAID. The patient has been prescribed several types of NSAIDs at the same time, which is not recommended by the California MTUS Guidelines. The request is not medically necessary.

240 GRAM GABAPENTIN 10% / AMITRIPTYLINE 10% / DEXTROMETHORPHAN 10%: 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, 111

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.20-9792.26, 74-94

Decision rationale: According to the California MTUS Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The dextromethorphan isomer is a cough suppressant and not recommended for the treatment of pain. The request is not medically necessary.

30 GRAM FLURBIPROFEN / 30 GRAM GABAPENTIN, 72-HOUR SUPPLY: 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, 111

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.20-9792.26, 67-73, 111

Decision rationale: According to the California MTUS Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is an NSAID. The patient has been prescribed several types of NSAIDs at the same time, which is not recommended by the California MTUS Guidelines. The request is not medically necessary.

MEDICATION TOXICOLOGY: 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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.20-9792.26, 43

Decision rationale: The California MTUS Guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. Patient does not appear to have been prescribed opioids. The request is not medically necessary.

IBUPROFEN 800 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 (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), 69

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.20-9792.26, 67-73

Decision rationale: The California MTUS Guidelines recommend that NSAIDs be used at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The request is 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, GI SYMPTOMS & CARDIOVASCULAR RISK, 69

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.20-9792.26, 68

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines and prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. The request is not medically necessary.

