

Case Number:	CM14-0008878		
Date Assigned:	02/28/2014	Date of Injury:	09/24/2012
Decision Date:	07/28/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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, has a subspecialty in Interventional Spine 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:

This patient is a 32-year-old female with date of injury of 09/24/2012. Per treating physician's report 12/12/2013 by [REDACTED], the patient has 9/10 neck pain, 10/10 low back pain with some radiation to the lower extremity. The current pain regimen is helpful in alleviating her pain symptoms but she has not received her medications lately. Assessments are neck strain, low back pain. Under treatment plan, the patient will be maintained on pain regimen consisting of Cartivisc, Flexeril, Omeprazole, Norco, and the creams. The patient apparently is only receiving Flexeril and is still waiting for additional medications, remains on ibuprofen 800 mg 3 times a day, Vicodin twice a day #60, Lidoderm patches 5%. The patient stopped Norco since this was not helping her. Still, recommendations are cervical and lumbar facet diagnostic evaluations and the patient was to follow up with [REDACTED] for medication management. The patient's opioid medications were reviewed, counseled on benefits of these medications, potential side effects, risks. The request of list of medications was denied by utilization review letter dated 01/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL 7.5 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with chronic neck and low back pain. The patient has been prescribed Cyclobenzaprine for a number of months and the treating has requested refills. California MTUS Guidelines do not support chronic use or long-term use of particularly Flexeril. It is recommended only for short term to address flareups. In this case, review of the reports show that the patient has been prescribed Cyclobenzaprine for a number of different months. Given the lack of support from MTUS Guidelines for long-term use of this medication, the request is not medically necessary.

CARTIVISC 500/200/150 MG #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Glucosamine/Chondroitin.

Decision rationale: This patient presents with chronic neck and low back pain. The treating physician has prescribed Cartivisc 500/200/150, which contains Glucosamine sulfate and other substances. Glucosamine sulfate is supported for use for severe arthritic knee problems per ODG Guidelines. It is not recommended for other joint problems. This patient does not present with arthritic knee pain for which glucosamine would be indicated. There is no guideline support for use of glucosamine for spinal chronic pain. Therefore the request is not medically necessary.

OMEPRAZOLE 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: This patient presents with chronic neck and low back pain. The treating physician has been prescribing Omeprazole. However, review of the reports did not show any documentation of GI side effects or GI issues that would require use of omeprazole. The patient is prescribed ibuprofen for which prophylactic use of PPI or Omeprazole may be considered. However, for prophylactic use of PPI for chronic NSAID, MTUS Guidelines require risk assessment including age greater than 65, concurrent use of aspirin, or other anticoagulants, or high doses of NSAIDs, or documentation of GI side effects or history of peptic ulcer disease, etc. In this patient, GI risk assessment has not been provided. There is no documentation despite review of multiple reports that this patient has any problems with side effects from ibuprofen.

No gastritis. No GERD type of symptoms described. Therefore the request is not medically necessary.

IBUPROFEN 800 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, Medications for Chronic Pain Page(s): 22; 60-61.

Decision rationale: This patient presents with chronic neck and low back pain. The request is for ibuprofen 800 mg #90. Despite review of multiple reports, there is not a single report by [REDACTED] or [REDACTED] that described this medication's efficacy. The patient's pain level is high at 8/10 to 10/10. One cannot tell whether or not ibuprofen is doing anything for this patient. California MTUS Guidelines do support oral NSAIDs for chronic musculoskeletal pain such as chronic low back pain at least for short term. However, MTUS Guidelines page 60 also require documentation of pain and function when medications are used for chronic pain. In this case, there is not a single report that discusses efficacy of ibuprofen. Without demonstration of significant benefit in terms of pain and function, there is no reason to continue this medication on a chronic basis. Therefore the request is not medically necessary.

120 GM TUBE OF CAPSAICIN 0.0375%/ KETOPROFEN 20%/ MENTHOL 10% COMPOUNDED CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Custom Compounded Topical Medications, Topical Capsaicin, Topical Gabapentin, Topical Lidocaine and Menthol.

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

Decision rationale: This patient presents with chronic neck and low back pain. The treating physician has prescribed capsaicin 0.0375%/ketoprofen 20%/menthol 10% compounded cream. California MTUS Guidelines states that if one of the components of compounded product is not recommended, then entire compounded product is not recommended. In this case, California MTUS Guidelines do not support Capsaicin at a concentration higher than 0.025% stating, "There is no current indication that this increase over a 0.025% formulation will provide any further efficacy." Furthermore, Ketoprofen, a topical NSAID is only recommended for peripheral arthritis/tendinitis problems. This patient presents with chronic neck and low back pain, axial spinal condition for which topical NSAIDs are not recommended. Therefore, the request is not medically necessary.

FOLLOW UP IN 4 WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with chronic neck and low back pain. The request is for followup visitation in 4 weeks. ACOEM Guidelines do support followup visitations particularly for management of chronic pain. There is no reason why followup visitations with treating physician should not be allowed. Therefore the request is medically necessary.

120MG TUBE OF GABAPENTIN 6%-LIDOCAIN HCL 6.15%-KETOPROFEN 20% COMPOUNDED CREAM: Upheld

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

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

Decision rationale: According to the 12/12/13 report by [REDACTED], the patient presents with neck pain and low back pain with some radiation to the lower extremity. The request is for 120mg tube of Gabapentin 6%-Lidocaine HCL 6.15%-Ketoprofen 20% compounded cream. Based off of the California MTUS guidelines, "Gabapentin is not recommended. There is no peer-reviewed literature to support use." California MTUS guidelines state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request is not medically necessary