

Case Number:	CM14-0013520		
Date Assigned:	02/26/2014	Date of Injury:	10/30/2001
Decision Date:	07/14/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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 45-year-old male who has submitted a claim for myoligamentous strain of the cervical and lumbar spine associated with an industrial injury date of October 30, 2001. Medical records from 2013 to 2014 were reviewed. The patient complained of moderate neck and lower back pain with radiation to the left lower extremity. Pain was aggravated by prolonged sitting, standing, and walking. Physical examination showed limited ROM and tenderness of the cervical and lumbar spine; tenderness noted at bilateral sacroiliac joints and left erector spinae; decreased sensation over the left lower extremity. The treatment to date has included topical analgesics, opioids, PPIs, and physical therapy. Utilization review from January 17, 2014 denied the request for Omeprazole 20MG due to lacking documentation of GI disorder and prolonged NSAID use. The request for Tramadol Hcl 50MG was denied because the request did not indicate the frequency of dosing. The request for Flurbiprofen 25%/Lidocaine 5%/Menthol 1%/Camphor 1% was denied because some of the components of this compounded medication is not recommended for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPROAZOLE DR 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Gastrointestinal risk factors include: Age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Proton pump inhibitors should be prescribed for patients with intermediate risk factors. In this case, the patient has been taking Omeprazole since September 2013 for stomach pain. However, there is insufficient clinical data regarding the complaint of stomach pain. There were no reports of prolonged NSAID use, gastric irritation, and history of peptic ulcer disease. In addition, the request did not indicate the frequency and duration for this medication. Therefore, the request for Omeprazole 20MG is not medically necessary.

TRAMADOL HCL 50 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: According to pages 79-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient was prescribed Tramadol since September 2013. There were reports of subjective improvement with Tramadol use. However, there was no documentation regarding objective functional gains. In addition, the request did not indicate the frequency and duration for this medication. Therefore, the request for Tramadol Hcl, 50MG is not medically necessary.

FLURBIPROFEN 25% LIDOCAINE 5% MENTHOL 1% CAMPHOR 1%: Upheld

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

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 Chapter; Salicylate Topicals.

Decision rationale: According to pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many these agents. Flurbiprofen, a topical NSAID does not show consistent efficacy. California MTUS does not recommend the use of Lidocaine as topical formulation unless it is in

transdermal form. Regarding the Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, may in rare instances cause serious burns. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, improvement of symptoms was noted using this compounded topical medication. However, there were no reports of failure or intolerance to oral pain medications. There is no rationale provided as to why oral pain medications would not suffice in this case. In addition, Flurbiprofen, Lidocaine, and Menthol are not recommended for topical use. Therefore, the request for Flurbiprofen 25%/Lidocaine 5%/Menthol 1%/Camphor 1% is not medically necessary.