

Case Number:	CM14-0016844		
Date Assigned:	04/11/2014	Date of Injury:	06/24/2012
Decision Date:	05/28/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 is a 34 year-old male who was injured on 6/24/12. He has been diagnosed with lumbar disc bulges with radiculopathy, 6.8mm at L4/5 and 4.2mm at L5/S1; and myospasms. According to the 10/15/13 report from [REDACTED], the patient presents with constant low back pain that is well controlled with medications. He had normal reflexes and sensation, but sitting root tests were positive. He had an ESI with good results, His pain levels are 2-3/10 occasionally up to 5/10. On 2/4/14, UR provided a retrospective denial for Gabapentin; Cyclobenzaprine; Naproxen; and compounded topicals.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 10/15/13) FOR CAPSAICIN 0.025%, FLURBIPROFEN 15%, TRAMADOL 15%, MENTHYL 2%, CAMPHOR 2%- 240 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 41, 70, 111.

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

Decision rationale: The patient presents with low back pain. I have been asked to review for a compounded topical medication containing Capsaicin, Flurbiprofen, Tramadol, Camphor, and Menthol. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound topical contains the NSAID Flurbiprofen. MTUS for topical NSAIDs states these are for osteoarthritis for the knees, elbows or other joints amenable to topical treatment. MTUS specifically states: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The use of the topical NSAID Flurbiprofen over the lumbar spine would not be recommended, therefore the whole compounded product that contains topical Flurbiprofen, is not recommended and is not medically necessary.

FLURBIPROFEN 25%, CYCLOBENZAPRINE 2%- 240 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 41, 70, 111.

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

Decision rationale: The patient presents with low back pain. I have been asked to review for another compounded topical medication that contains Flurbiprofen, but this one is Flurbiprofen and Cyclobenzaprine. On page 111, under topical analgesics, MTUS gives a general statement about compounded Final Determination Letter for IMR Case Number [REDACTED] products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound topical contains the NSAID Flurbiprofen. MTUS for topical NSAIDs states these are for osteoarthritis for the knees, elbows or other joints amenable to topical treatment. MTUS specifically states: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The use of the topical NSAID Flurbiprofen over the lumbar spine would not be recommended, therefore the whole compounded product that contains topical Flurbiprofen, is not recommended. Flurbiprofen 25%, Cyclobenzaprine 2% - 240 and is not medically necessary.

GABAPENTIN 10%, LIDOCAINE 5%, TRAMADOL 15%- 240 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 41, 70, 111.

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

Decision rationale: The patient presents with low back pain. I have been asked to review for a compounded topical medication with gabapentin, lidocaine and tramadol. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound topical contains the Gabapentin. MTUS specifically states

Gabapentin is not recommended as a topical. Therefore the whole compounded product that contains Gabapentin is not recommended. Gabapentin 10%, Lidocaine 5%, Tramadol 15[^] -240 grams is not medically necessary and appropriate.

GABAPENTIN 300MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 41, 70, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The patient presents with low back pain. I have been asked to review for gabapentin. The 10/15/13 medical report from [REDACTED] states the patient's pain is well controlled with medications. Unfortunately, the reporting from [REDACTED] does not mention what medications the patient is taking. [REDACTED] 10/15/13, 8/21/13, 11/27/13, 6/19/13, 5/3/13 and 3/20/13 reports were reviewed. MTUS does recommend gabapentin for neuropathic pain, but states there must be a 30% reduction in pain to continue it. MTUS states: "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. " The MTUS reporting requirements for continued use of Gabapentin/antiepilepsy drugs has not been met. The continued use of Gabapentin without Final Determination Letter for IMR Case Number [REDACTED] reporting at least 30% reduction in pain is not in accordance with MTUS guidelines. Gabapentin 300mg #60 is not medically necessary and appropriate.

CYCLOBENZAPRINE 7.5MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 41, 70, 111.

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

Decision rationale: The patient has low back pain. I have been asked to review for an incomplete prescription for cyclobenzaprine 7.5mg #30. The dosing/frequency was not provided. The medical reports from [REDACTED] from 3/20/13 through 11/27/13 do not mention what medications the patient is taking, and none of the reports discuss efficacy of any particular medication. Without the complete prescription, it is not possible to verify that the use of cyclobenzaprine is in accordance with the duration and frequency stated in the MTUS guidelines. MTUS states cyclobenzaprine is not to be used over 3-weeks. If the physician has prescribed a one-month supply, then this would exceed the MTUS recommendations. I am not able to verify that the incomplete prescription is in accordance with MTUS recommendations. Cyclobenzaprine 7.5mg #30 is not medically necessary and appropriate.

NAPROXEN 550MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 41, 70, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Pain Outcomes and Endpoints Page(s): 22; 8-9, 127.

Decision rationale: The patient presents with lower back pain. I have been asked to review for use of naproxen. The medical reports from [REDACTED] from 3/20/13 through 11/27/13 did not mention use of naproxen or any medications, nor discuss efficacy of medications. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of naproxen. MTUS does not recommend continuing treatment if there is not a satisfactory response. Naproxen 550mg #90 is not medically necessary and appropriate.