

Case Number:	CM14-0127930		
Date Assigned:	09/29/2014	Date of Injury:	03/15/2013
Decision Date:	11/06/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 49-year-old female patient with a 3/15/13 date of injury. Mechanism of injury was not described. 4/11/14 medical report indicates right knee pain, right shoulder pain, and low back pain. Objective findings include positive SLR, positive FABERE test on the right, and tenderness over the right knee. Diagnoses include lumbosacral sprain/strain, right SI joint arthropathy; and right shoulder and right knee pain. Treatment to date has included medication, Synvisc injection and compound creams. There is documentation of a previous 7/14/14 adverse determination for lack of benefit with ongoing use; exacerbation of low back pain; lack of GI symptoms; and lack of guidelines support for compound medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg 2 tablets QHS #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management

of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient presents with persistent right knee pain, right shoulder pain, and low back pain. However, there is no evidence of ongoing muscle spasm. There is documentation of previous Tizanidine use; but there is no evidence of objective functional improvement. It is unclear for how long the patient was on Tizanidine, but with a 3/2013 date of injury and a documented prescription for Tizanidine in 12/2013, short-term use was clearly exceeded. Therefore, the request for Tizanidine 4 mg 2 tablets QHS #60 was not medically necessary.

Omeprazole 20mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, there remains no report of gastrointestinal complaints or chronic NSAID use in the most recent medical report made available. While a 12/2013 medical report cites epigastric pain, such complaints were not assessed in the more recent 4/11/14 report. Therefore, the request for Omeprazole 20mg BID #60 was not medically necessary.

Compound creams containing gabapentin, capsaicin, camphor and menthol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is documentation of previous compound medication use; however

there is no evidence of objective functional improvement. It is unclear for how long the patient was utilizing compound creams but with a 3/15/2013 date of injury and a documented prescription for compound medication in 12/2013, short-term use was clearly exceeded. In addition, the requested medication contains more than one drug group that is not supported by the guidelines. Therefore, the request for Compound creams containing gabapentin, capsaicin, camphor and menthol was not medically necessary.