

Case Number:	CM14-0176202		
Date Assigned:	10/29/2014	Date of Injury:	06/02/2009
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family 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:

This is a 67 year old male patient who sustained a work related injury on 6/2/2009. Patient sustained the injury due to lifting while employed as a maintenance mechanic. The current diagnoses include sciatica, lumbar radiculopathy, constipation, diarrhea, essential hypertension, visual disturbances and abdominal pain. Per the doctor's note dated 8/29/14, patient has no abdominal pain or anxiety, less diarrhea and constipation, no change in his hypertension and complains of visual disturbances and blurred vision. Physical examination revealed blood pressure: 118/74 mmhg; heart rate: 72 bpm, normal vitals, and normal cardiovascular and respiratory examination. The current medication lists include Benazepril 20 mg QD, Clonazepam, Keflex, Simvastatin, Levothyroxine and Amlodipine 10 mg QD. The patient has had CT scan of the lumbar spine on 1/30/2012 that revealed L4-S1 fusion. He underwent lumbar spine surgery a lumbar decompression and stabilization at L4-S1 on 7/27/2011. He has had an epidural steroid injection for this injury. He has had a urine drug toxicology report on 8/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amlodipine 10 MG #45: Overturned

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 Official Disability Guidelines (ODG) Diabetes, Hypertension treatment and on Other Medical Treatment Guideline or Medical Evidence: Thomson Micromedex-FDA labeled indication of Amlodipine.

Decision rationale: ACOEM and CAMTUS do not address Amlodipine therefore ODG and Thomson Micromedex used. Per the Thomson Micromedex, FDA labeled indications of HCTZ includes hypertension. The patient's diagnosis includes essential hypertension and he was regularly taking Amlodipine as an antihypertensive medication. Therefore, Amlodipine 10 MG #45 is medically appropriate and necessary in this patient for the treatment of hypertension.

ASA 81 MG #45: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Online Edition Chapter: Diabetes Aspirin

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Antiplatelet therapy and on Other Medical Treatment Guideline or Medical Evidence: Thompson Micromedex-FDA labeled indication for aspirin

Decision rationale: ACOEM and CAMTUS do not address ASA 81 mg therefore Thomson Micromedex used. Per the Thomson Micromedex, FDA labeled indications of ASA 81 mg includes Cerebrovascular accident and cerebrovascular accident; Prophylaxis. The patient's diagnosis includes essential hypertension and he was regularly taking antihypertensive medication. The patient is at a high risk of a stroke or heart attack. Therefore ASA 81 MG #45 is medically appropriate and necessary in this patient to decrease the chances of a stroke or heart attack.

Flurbiprofen 20 percent/Tramadol 20 percent Topical Cream 210 g:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants

for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, Flurbiprofen is a NSAID. The medical necessity of the request for Flurbiprofen 20 percent/Tramadol 20 percent Topical Cream 210g is not fully established in this patient.

Gabapentin 10 percent/Amitriptyline 10 percent/Dextromethorphan 10 percent 210g in Mediderm Base: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Gabapentin: Not recommended. There is no peer-reviewed literature to support use...Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As per cited guideline "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Topical Gabapentin is not recommended in this patient for this diagnosis as cited. The medical necessity of the request for Gabapentin 10 percent/Amitriptyline 10 percent/Dextromethorphan 10 percent 210 g in Mediderm Base is not fully established in this patient.

Benazepril 20 MG #45: Overturned

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 Official Disability Guidelines (ODG) Diabetes Hypertension treatment and on Other Medical Treatment Guideline or Medical Evidence: Thomson Micromedex-FDA labeled indication of Benazepril

Decision rationale: ACOEM and CAMTUS do not address Benazepril 20 MG #45 therefore ODG As per cited guideline the medication Benazepril 20 MG #45 is used as a first line treatment of hypertension. Per the Thomson Micromedex, FDA labeled indications of Benazepril 20 MG #45 includes hypertension. The patient's diagnosis includes essential hypertension and he was regularly taking Benazepril as an antihypertensive medication. Therefore Benazepril 20 MG #45 is medically appropriate and necessary in this patient for the treatment of hypertension.