

Case Number:	CM14-0026955		
Date Assigned:	06/13/2014	Date of Injury:	05/29/2012
Decision Date:	07/18/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 Texas. 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 injured worker is a 45 year old female who sustained an injury on 05/29/12 while lifting a heavy box. The injured worker developed complaints of neck and shoulder pain. The injured worker did have imaging of the right shoulder and cervical spine. No specific pertinent medical history was noted. The injured worker was referred to a treating physician in April of 2013 for pain management. The injured worker was prescribed multiple medications to include hydrocodone, compounded topical medications, as well as medical foods and a topical Medrox patch. Although both tramadol and hydrocodone were prescribed to the injured worker, there were inconsistent urine drug screen reports showing no findings for either medication. It also appears that the injured worker was receiving separate compounded medications from another treating physician. The clinical report from 01/07/14 noted ongoing complaints of pain in the cervical region radiating to the right shoulder. Pain scores were 4/10 on the visual analog scale (VAS) and improved to 2/10 on the VAS with medications. Physical examination noted tenderness to palpation and spasms in the cervical region with loss of cervical range of motion. There was tenderness in the right shoulder also contributing to loss of range of motion. The injured worker was recommended to continue with acupuncture treatment as well as oral and compounded medications. A sample for a urinary drug screen was obtained. Follow up on 02/04/14 noted continuing complaints of neck pain as well as right shoulder pain. The injured worker did report lack of sleep secondary to pain. Physical examination noted myospasms and tenderness to palpation in the cervical spine with positive Spurling's signs bilaterally. There was decreased range of motion noted in the cervical spine. There were complaints of tenderness to palpation in the bilateral shoulders, more to the right side with limited range of motion secondary to pain. There was loss of sensation in a right C5 and C6 distribution with reduced hand grip strength in the right hand as compared to the left side. The injured worker was recommended to

continue with cyclobenzaprine, omeprazole, an epidural steroid injection and a compounded medication including Capzasin. The requested compounded medication including gabapentin , ketoprofen and lidoderm, omeprazole 20mg, quantity 60, tramadol ER 150mg, quantity 30, and cyclobenzaprine 7.5mg, quantity 90 were all denied by utilization review on 01/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAKETO-L 6%/20%/15% TRANSDERM: 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): 111-113.

Decision rationale: Compounded topical medications can be considered an option in the treatment of neuropathic pain that has failed other conservative efforts for neuropathic pain such as antidepressants or anticonvulsants. Compounded gabapentin and ketoprofen are not well-supported in the clinical literature due to the lack of evidence regarding these medication's efficacy in a transdermal route. It is unclear in the clinical literature if compounded use of these medications results in any substantial benefit over standard oral medications. The clinical documentation provided for review did not indicate the injured worker had failed a reasonable trial of either standard oral antidepressants or anticonvulsants. As such, this reviewer would not have recommended this request as medically necessary.

OMEPRAZOLE 20MG CAPSULE DR #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary.

TRAMADOL HCL ER 150MG CAPSULE #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: Tramadol can be considered an option in the treatment of ongoing moderate to severe musculoskeletal pain. Guidelines do recommend that there be ongoing evaluations to determine the efficacy of this medication in terms of pain reduction and functional improvement. The clinical documentation provided for review did not clearly identify any specific functional improvement obtained with the use of tramadol. There was also inconsistent prior urinary drug screen findings which were not specifically addressed in the clinical records provided. Given the lack of clear indications regarding functional benefit obtained with the continuing use of tramadol as well as the prior inconsistent urinary toxicology results, this reviewer would not have recommended this request as medically necessary.

CYCLOBENZAPRINE HCL 7.5MG #90: 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 Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. In regards to the use of cyclobenzaprine 7.5mg quantity 90, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations.