MAXIMUS Federal Services

Case Number:	CM14-0037516		
Date Assigned:	07/25/2014	Date of Injury:	05/15/2012
Decision Date:	09/17/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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:

This is a 67 year-old female who has reported multifocal back, neck, and extremity pain after injuries listed on October 22, 2001 and June 21, 2012. Records provided for review were limited. The primary treating physician reports were from 11/22/13 and 12/30/13. Per the Utilization Review report of 3/17/14, 0n 1/27/14 Utilization Review certified 6 acupuncture visits and a limited course of hydrocodone.Per the PR2 of 11/22/13, there was ongoing back, neck, and shoulder pain. Physical findings included limited and painful range of motion, spasm, and tenderness. The diagnoses included spondylolisthesis, impingement, and strain/sprain. The treatment plan included food supplements and modified work. Per the PR2 of December 30, 2013, pain was worse. Symptoms included low back, neck, shoulders, extremity pain. Hydrocodone was stated to have been used chronically. Physical findings included tenderness, spasm, and decreased range of motion. The treatment plan included acupuncture for 8 visits, TGICE (tramadol 8%/gabapentin 10%/menthol 2%/camphor 2%) cream, Fluriflex (flurbiprofen 15% cyclobenzaprine 10%), cyclobenzaprine 7.5 mg #60, omeprazole 20 mg #60, hydrocodone/APAP 10/325 mg #60, and Cartivisc 500/200 mg/150 mg #90. Work status was "temporarily totally disabled". None of the reports from the primary treating physician discuss the specific results or duration of use for any medications other than a brief mention of ongoing use of hydrocodone.On March 17, 2014, Utilization Review non-certified the items listed in the treatment plan of 12/30/13. The MTUS was cited in support of the Utilization Review decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture additional 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The request is for "additional" acupuncture but there are no records of any prior acupuncture. Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The treating physician has not provided the specific indications for acupuncture as listed in the MTUS. There is no discussion of issues with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. An initial course of acupuncture is 3-6 visits per the MTUS. The prescription is for 8 visits, which exceeds the quantity recommended in the MTUS. If there were to have been any prior courses of acupuncture, there is no evidence provided of functional improvement from prior acupuncture. An initial course of acupuncture is not medically necessary based on a prescription which exceeds the quantity recommended in the MTUS, and lack of specific indications per the MTUS. If there had been any prior courses of acupuncture, additional acupuncture is not medically necessary based on lack of evidence for functional improvement.

TGice (Tramadol 8% Gabapentin10% Menthol2% Camphor2%) 18ogm cream apply a thin layer to affected area twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation, there is no good evidence in support of topical gabapentin; this agent is not recommended. Topical tramadol has no accepted indications and is not supported by any good medical evidence. The topical agents prescribed are not medically necessary based on the MTUS and lack of medical evidence.

FluriFlex (Flurbiprofen 15% Cyclobenzaprine 10%) 180gm apply thin layer to affected area twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic paiN, Topical Medications Page(s): 60, 111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. Two muscle relaxants were dispensed simultaneously, which is duplicative, unnecessary, and potentially toxic. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.

Cyclobenzaprine 7.5 mg One by mouth every 12 hours as needed #60: 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): 41, 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. There is no evidence that it has been prescribed for short term use only, as the quantity is for a month at least and the treating physician has not limited intake to short-term use only. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. The primary treating physician has also prescribed a topical form of cyclobenzaprine, which is redundant and possibly toxic. Cyclobenzaprine is not medically necessary based on redundant prescribing, lack of evidence that use is short term only, and the MTUS recommendations.

Omeprazole 20mg one twice a day as needed #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

Hydrocodone/APAP 10/325mg one every 6-8 hours #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addictionindications, Chronic back painMechanical and compressive etiologiesMedication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The prescribing physician describes this patient as "temporarily totally disabled", which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. Hydrocodone/APAP is not medically necessary based on lack of benefit from opioids to date, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Cartivisc 500/200mg/150mg one by mouth every 8 hours #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The treating physician is prescribing glucosamine sulfate/chondroitin without clear indications. The MTUS recommends glucosamine for arthritis (primarily of the

knee), and the glucosamine should be of a specific type defined in the MTUS. The patient does not have a clearly defined arthritis condition. The form of glucosamine used in this case may not be the proper form recommended in the MTUS, as the MTUS describes a specific chemical form on which medical evidence is based and the treating physician has not discussed the nature of the ingredients. Other forms of glucosamine lack scientific credibility. Chondroitin is not indicated per the MTUS. Methylsulfonylmethane has no evidence-based indications. Glucosamine sulfate/chondroitin/MSM is not medically necessary based on the MTUS.