

Case Number:	CM14-0045038		
Date Assigned:	07/07/2014	Date of Injury:	04/02/2013
Decision Date:	08/27/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 case involves a 53 year old female who submitted a claim for L5-S1 disc osteophyte complex, with some residual new pain in left leg associated with an industrial injury date of 04/02/2013. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating to the bilateral lower extremities. The aggravating factors include prolonged standing, twisting, walking, lifting, bending, stooping, and squatting. The physical examination showed tenderness at the lumbar paraspinal muscles and right sacroiliac joint. Range of motion of the lumbar spine was noted to be painful and reflexes were normal. The straight leg raise test was positive bilaterally. Treatment to date has included physical therapy, use of a back brace, acupuncture, and medications such as Cyclobenzaprine, Naproxen, Omeprazole, and topical medications. Previous utilization review was not made available in the records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90 Retrospective on 01/07/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on cyclobenzaprine since September 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use was likewise not recommended. Therefore, the retrospective request for Cyclobenzaprine 7.5mg #90 on 01/07/2014 was not medically necessary.

Omeprazole 20mg #30 Retrospective on 01/07/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since September 2013. However, there was no subjective report that patient was experiencing heartburn, epigastric burning sensation or any other gastrointestinal symptoms that will corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the retrospective request for Omeprazole 20mg #30 on 01/07/2014 was not medically necessary.

FlurLido-A 240gm qty 1 Retrospective on 01/07/2014: Upheld

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

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

Decision rationale: FlurLido-A contains the following active ingredients: Flurbiprofen 20%, lidocaine 5%, and amitriptyline. According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In addition, there is little to no research as for the use of flurbiprofen in compounded products. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. In this case, patient was prescribed topical products since August 2013 as adjuvant therapy to oral medications. However, the components of this cream, i.e., Flurbiprofen, lidocaine, and amitriptyline are not recommended for topical use. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended. Therefore, the retrospective request for FlurLido-A 240gm qty 1 on 01/07/2014 was not medically necessary.

UltraFlex-G 240gm Qty 1 Retrospective on 01/07/2014: Upheld

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

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

Decision rationale: UltraFlex-G contains the following active ingredients: gabapentin 10%, cyclobenzaprine 6%, and tramadol 10%. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. CA MTUS does not support the use of both opioid medications and gabapentin in a topical formulation. Cyclobenzaprine is not recommended for use as a topical analgesic as well. In this case, patient was prescribed topical products since August 2013 as adjuvant therapy to oral medications. However, the components of this cream, i.e., gabapentin, cyclobenzaprine, and tramadol are not recommended for topical use. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for UltraFlex-G 240gm Qty 1 Retrospective on 01/07/2014 was not medically necessary.

FlurLido-A 30gm Qty 1 Retrospective on 01/07/2014: Upheld

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

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

Decision rationale: FlurLido-A contains the following active ingredients: Flurbiprofen 20%, lidocaine 5%, and amitriptyline. According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In addition, there is little to no research as for the use of flurbiprofen in compounded products. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. In this case, patient was prescribed topical products since August 2013 as adjuvant therapy to oral medications. However, the components of this cream, i.e., Flurbiprofen, lidocaine, and amitriptyline are not recommended for topical use. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the retrospective request for FlurLido-A 30gm qty 1 on 01/07/2014 was not medically necessary.

UltraFlex-G 30gm Qty 1 Retrospective on 01/07/2014: Upheld

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

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

Decision rationale: UltraFlex-G contains the following active ingredients: gabapentin 10%, cyclobenzaprine 6%, and tramadol 10%. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. CA MTUS does not support the use of both opioid medications and gabapentin in a topical formulation. Cyclobenzaprine is not recommended for use as a topical analgesic as well. In this case, patient was prescribed topical products since August 2013 as adjuvant therapy to oral medications. However, the components of this cream, i.e., gabapentin, cyclobenzaprine, and tramadol are not recommended for topical use. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for UltraFlex-G 30gm Qty 1 Retrospective on 01/07/2014 was not medically necessary.