

Case Number:	CM14-0046364		
Date Assigned:	08/08/2014	Date of Injury:	02/14/2013
Decision Date:	09/11/2014	UR Denial Date:	04/02/2014
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 in Family Medicine and is licensed to practice in Utah. 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 patient is a 45 year-old male. The patient's date of injury is 2/14/2013. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with low back pain, hip pain, bilateral shoulder pain, bilateral elbow pain, shoulder tendinitis, right elbow epicondylitis, and right wrist carpal tunnel syndrome. The patient's treatments have included manipulating therapy, physical therapy, acupuncture, injections and medications. The physical exam findings, dated 10/18/2013 showed the patient with elbow pain 7 of 10, and right shoulder and right wrist pain reported a 4/10. There is pain mainly at the lumbar spine with positive findings. The pain radiates into the right leg. The patient's medications have included, but are not limited to cyclobenzaprine, hydrocodone, naproxen, omeprazole and tramadol. With these medications, it is unclear exactly when they were started.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultraflex-G 30gm: Upheld

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

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

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for Ultraflex-G 30gm. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is then not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Ultraflex-G 30gm as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for Ultraflex-G 30gm is not medically necessary.

FlurLido-A 30gm: Upheld

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

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

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for FlurLido-A 30gm. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is then not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address FlurLido-A 30gm as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for FlurLido-A 30gm is not medically necessary.

Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% (Unknown QTY/Size):
Upheld

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

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

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% (Unknown QTY/Size). The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is then not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic

pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. It is also unclear the amount and quantity requested. The request for Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% (Unknown QTY/Size) is not medically necessary.

Flurbiprofen 20%/Tramadol 20%/Cyclobenzaprine 4% (Unknown QTY/Size): Upheld

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

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

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for Flurbiprofen 20%/Tramadol 20%/Cyclobenzaprine 4% (Unknown QTY/Size). The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is then not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is also lack of specifics for directions of usage. The request for Flurbiprofen 20%/Tramadol 20%/Cyclobenzaprine 4% (Unknown QTY/Size) is not medically necessary.

Tramadol 150mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Synthetic Opioids Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-79, 89, 93-94, 113.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical records, it is unclear how much Tramadol the patient was taking previously, if at all, and what the results/outcomes of taking that medication were. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. According to the clinical documentation provided and current MTUS guidelines; Tramadol is not indicated a medical necessity to the patient at this time.

Omeprazole 20mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

Decision rationale: According to the clinical documents, there is also lack of evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. According to MTUS guidelines, increased risk is defined as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The use of omeprazole, as stated in the above request, is determined not to be a medical necessity at this time.

Cyclobenzaprine 7.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

Decision rationale: MTUS guidelines state the following: cyclobenzaprine is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. According to the clinical documents, the cyclobenzaprine requested is not being used for short term therapy. The clinical documents lack clear evidence of muscle spasm that would require a muscle relaxant at this time. Following guidelines as listed above, there is no indication for the use of cyclobenzaprine. At this time, the request is not deemed as a medical necessity.

National Institute for Occupational safety and Health (NIOSH) Patient Compliance (PC) Assessment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional Improvement measures Page(s): 48.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for NIOSH-PC. This would require a provider's assessment of the patient's compliance with a home program and motivations. There is no documentation that case management is hampered by complex issues that would require

further investigation. According to the clinical documentation provided and current MTUS guidelines; NIOSH-PC, as stated above, is not indicated as a medical necessity to the patient at this time.

Orthopedic Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, page 127.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Orthopedic consultation. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. There is no documentation that states that the current providing physician has treatment in their scope of practice. According to the clinical documentation provided and current MTUS guidelines; Orthopedic consultation is not indicated as a medical necessity to the patient at this time.

Acupuncture 2x4 (8 Visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Acupuncture 2x4 (8 Visits). MTUS guidelines state the following: time to produce functional improvement is 3-6 treatments, if there is noted functional improvement these sessions can be extended. The current request exceeds the current recommendation. According to the clinical documentation provided and current MTUS guidelines; Acupuncture 2x4 (8 Visits) is not indicated as a medical necessity to the patient at this time.