MAXIMUS Federal Services

Case Number:	CM14-0047079		
Date Assigned:	07/02/2014	Date of Injury:	01/30/2013
Decision Date:	08/26/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 claimant injured her low back and left shoulder on 01/30/13 when she was pushing a wheelchair with a heavy patient. Medications and urinalysis are under review. She was diagnosed with sprains on 09/10/13. On that date, she was prescribed Anaprox and Prilosec along with physical therapy. MRIs of the left shoulder and low back were ordered. On 11/12/13, she saw [redacted] on and received a trigger point injection, Toradol injection, ibuprofen and Prilosec. There is a note by [redacted] dated 12/02/13 which indicates that she was taking ibuprofen, pantoprazole, and naproxen. Injections to relieve pressure points were helpful. She had a psychological evaluation. The claimant reports low back and left shoulder pain when seen on 02/19/14. The trigger point injection to the shoulder and low back has helped. There was left trapezial tenderness. Much of the note is illegible. Medications were prescribed on 02/19/14 and 02/24/14 and include flurbiprofen, gabapentin, and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug tests, page 77 Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for a urinalysis (presumably a urine drug screen). The MTUS state drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The claimant has been prescribed NSAIDs, muscle relaxers, and antineuropathic medications and not opioids or other medications that require close monitoring. There is no evidence of symptoms or findings that would cause one to be concerned about illicit drug use. The specific indication for a urine drug test has not been described and none can be ascertained from the records. The medical necessity of this request has not been clearly demonstrated and therefore not medically necessary and appropriate.

Retrospective Usage of Flurbiprofen (DOS: 2/19/14, 2/24/14): 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 143 Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for flurbiprofen topically on 02/19/14 and 02/24/14. The MTUS state topical agents may be recommended as an option [but are] 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. (Namaka, 2004). There is no evidence of failure of all other first line drugs and the claimant was prescribed oral anti-inflammatory medications which she was noted to be taking on several occasions without evidence of intolerance or lack of effect. There is also no documentation of failures of trials of first line drugs such as acetaminophen and antidepressants or local modalities. The MTUS also state before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. There is no evidence that these criteria have been met for topical flurbiprofen and the medical necessity of this request for topical flurbiprofen has not been clearly demonstrated. Therefore the request is not medically necessary.

Retrospective Usage of Gabapentin (DOS: 2/19/14, 2/24/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin, page 83; Medications for Chronic Pain, page 94 Page(s): 83, 94.

Decision rationale: The history and documentation do not objectively support the request for use of gabapentin (dose and duration unknown) which was prescribed on 02/19/14 and 02/24/14. Gabapentin is considered a first line drug for neuropathic type pain, per the MTUS. The MTUS state gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. MTUS also states before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. In this case, only tenderness was documented and there is no clear evidence of the presence of a neuropathic condition or neuropathic pain. The medical necessity of this request for gabapentin (dose and duration unknown) has not been demonstrated. Therefore the request is not medically necessary.

Retrospective Usage of Cyclobenzaprine (DOS: 2/19/14, 2/24/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, page 74; Medications for Chronic Pain, page 94 Page(s): 74, 94.

Decision rationale: The history and documentation do not objectively support the request for cyclobenzaprine that was prescribed on 02/19/14 and 02/24/14. The MTUS state for cyclobenzaprine (Flexeril),"Recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005) Uptodate for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimants pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, or lack thereof, have not been described. As such, this request for cyclobenzaprine is not medically necessary.