

Case Number:	CM14-0050327		
Date Assigned:	08/06/2014	Date of Injury:	05/14/2004
Decision Date:	09/10/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 and is licensed to practice in Nevada. 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 29-year-old male who was reportedly injured on May 14, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 3 2014, indicated that there were ongoing complaints of low back and leg pains. The level of pain was noted to be 7/10 most of the time and that the injured employee is working. The physical examination demonstrated tenderness to palpation, a slight decrease in range of motion, and deep tendon reflexes to be intact. Diagnostic imaging studies were not presented. Previous treatment included multiple medications and other conservative measures. A request was made for multiple medications and was not certified in the pre-authorization process on March 13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 68 of 127 Page(s): 68 of 127.

Decision rationale: When reviewing the progress notes over the last several months, there are no complaints of any gastrointestinal distress, gastritis or other symptoms. As outlined in the California Medical Treatment Utilization Schedule, this medication is indicated for the treatment of Gastroesophageal reflux disease or as a protectorate for those individuals utilizing non-steroidal medications and who have symptoms associated with that medication use. Therefore, based on the progress notes presented for review and by the parameters noted in the California Medical Treatment Utilization Schedule, the Omeprazole 20mg #30 with 3 refills is not medically necessary.

Naproxen 500mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 66 and 73 of 127 Page(s): 66, 73 OF 127.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, this medication is recommended as an option. Naprosyn is a non-steroidal anti-inflammatory drug used to treat the size and symptoms of osteoarthritis. The generic pain complaints of low back pain are not objectified of any specific osteoarthritis findings in the lower lumbar region. Furthermore, when noting this medication has been prescribed for a number of months, the most current progress notes do not establish that there is any efficacy or utility with the utilization of this medication. Therefore, the Naproxen 500mg #60 with 3 refills is not medically necessary.

Gabapentin 300mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 16-20, 49 of 127 Page(s): 16-20, 49 OF 127.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, this medication is shown to be effective in the treatment of a painful diabetic neuropathy or a post-herpetic neuralgia. Neither of these maladies has been objectified as being present in this clinical situation. An off-label application has been to address neuropathic pain lesion. There are no imaging studies presented or narrative presented that there is a specific neuropathic lesion causing the pain. Therefore, based on the incomplete medical records presented for review, and by the parameters outlined in the California Medical Treatment Utilization Schedule, there is no objectification of a neuropathic lesion. This is insufficient clinical evidence presented to support any medical necessity for this medication. Therefore, Gabapentin 300mg #90 with 3 refills is not medically necessary.

Cyclobenzaprine 10% 30gm Cream Topical Compound: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 111-113 of 127 Page(s): 111-113 OF 127.

Decision rationale: The mechanism of injury is not noted, and the physical examination noted tenderness to palpation; however, the progress notes do not provide any kind of indication that the use of this topical benzodiazepine is having any effect. Furthermore, in that the California Medical Treatment Utilization Schedule notes that this topical preparation is largely experimental, and the use of topical cyclobenzaprine has not been supported in the literature, there is insufficient clinical data presented to suggest any efficacy, utility or continued medical necessity for this preparation. Therefore, Cyclobenzaprine 10% 30gm Cream Topical Compound is not medically necessary.

Flurbiprofen 20% 30gm Cream Topical Compound: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 112 of 127 Page(s): 112 of 127.

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Guidelines state that topical analgesics are largely experimental and any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. The guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory drugs (flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. The guidelines do not support the use of flurbiprofen or cyclobenzaprine in a topical formulation. Therefore, the request for FluriFlex is not medically necessary.

Tramadol 20% 30gm Cream Topical Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 111-113 of 127 Page(s): 111-113 OF 127.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, there are limited indications for a topical opioid analgesic that is recommended. It is also demonstrated in these guidelines that these agents are applied locally and that the side effects are minimized. However there is a necessity to establish that there is pain control or other clinical indicators of some efficacy. Seeing none, when noting the findings noted on physical examination, the lack of any clinical indication of any improvement or symptomatology

reduction with this topical preparation and by the parameters noted in the California Medical Treatment Utilization Schedule, the Tramadol 20% 30gm Cream Topical Cream is not medically necessary.