

Case Number:	CM14-0052667		
Date Assigned:	08/08/2014	Date of Injury:	05/24/2013
Decision Date:	10/27/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 40 year old male who sustained an injury on 05/24/13 when he fell off of a table landing on his buttocks resulting in development of low back pain. Clinical note, dated March 6, 2014, indicates the injured worker continues to complain of lumbar spine pain that intermittently radiates to the bilateral lower extremities. Physical exam of the lumbar spine reveals limited range of motion: flexion at 40 degrees and extension at 20 degrees. Prior treatment included trigger point impedance imaging and intense neurostimulation therapy in February 2014. Diagnosis: lumbosacral joint sprain. There were minimal clinical records beyond the neurostimulation therapy in February 2014 that described the injured worker's response to any treatments. The requested TPII and LINT therapy, Cyclobenzaprine, Omeprazole and topical compounded medications were denied by utilization review on 04/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Impedance Imaging (TPII) and Localized Intense Neurostimulation Therapy (LINT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES and EMG Page(s): 121. Decision based on Non-MTUS Citation National Library of Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-117.

Decision rationale: In regards to the requested service to include trigger point impedance imaging and LINT treatments, this reviewer would not recommend the request as medically necessary. The documentation after the neurostimulation therapy in February of 2014 did not indicate the improvement of the injured worker's symptoms, which is a needed indication to support this request. It is unclear what benefit the injured worker has had through previous use of this service as recommended by current evidence based guidelines. Also, Chronic Pain Medical Treatment Guidelines states there is limited evidence regarding the efficacy of either trigger point impedance imaging or LINT therapy. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the requested medication to include Cyclobenzaprine 7.5mg quantity 90, this reviewer would not recommend the request as medically necessary. It is unclear what benefit the injured worker has had through previous use of this medication as recommended by current evidence based guidelines. As current evidence based guidelines do not recommend muscle relaxers for long term use and there is no current indication that the injured worker has had any recent exacerbation or flare up of musculoskeletal symptoms, for which this medication might be indicated. Therefore, the request is not medically necessary.

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-NSAID's, GI symptoms and cardiovascular risk

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: In regards to the requested medication to include Omeprazole 20mg quantity 30, this reviewer would not recommend the request as medically necessary. It is unclear what benefit the injured worker has had through previous use of this medication as recommended by current evidence based guidelines. Per Official Disability Guidelines, this medication is indicated for those who are at significant risk of development of gastric side effects from medications or have documented evidence of GERD/ulcer formation. Because these

symptoms/diagnoses are not noted to be experienced by the injured worker, the request is not medically necessary.

Flur Lido A 30gm: Upheld

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

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

Decision rationale: In regards to the requested medication to include topical Flurbiprofen and Lidocaine 30g, this reviewer would not recommend the request as medically necessary. It is unclear what benefit the injured worker has had through previous use of this medication as recommended by current evidence based guidelines. The CA MTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen which is not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore, the request is not medically necessary.

Ultraflex G 30gm: Upheld

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

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

Decision rationale: In regards to the requested medication to include Ultraflex G 30g, this reviewer would not recommend the request as medically necessary. It is unclear what benefit the injured worker has had through previous use of this medication as recommended by current evidence based guidelines. The CA MTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components which would indicate the need to use this topical preparation. Therefore, the request is not medically necessary.

Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine 4% (no quantity specified): Upheld

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

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

Decision rationale: In regards to the requested medication to include topical compounded Flurbiprofen, Tramadol and Cyclobenzaprine, this reviewer would not recommend the request as medically necessary. It is unclear what benefit the injured worker has had through previous use of this medication as recommended by current evidence based guidelines. The CA MTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen, Tramadol, and Cyclobenzaprine which are not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components which would indicate the need to use this topical preparation. Therefore, the request is not medically necessary

Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% (no quantity specified):
Upheld

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

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

Decision rationale: In regards to the requested medication to include topical compounded Gabapentin, Amitriptyline, and Dextromethorphan, this reviewer would not recommend the request as medically necessary. It is unclear what benefit the injured worker has had through previous use of this medication as recommended by current evidence based guidelines. The CAMTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Gabapentin, Amitriptyline, and Dextromethorphan which are not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components which would indicate a need for this topical medication. Therefore, the request is not medically necessary.