

Case Number:	CM14-0067085		
Date Assigned:	07/11/2014	Date of Injury:	12/18/2011
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/12/2014

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 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:

The patient is a 59-year-old who has submitted a claim for lumbar spine radiculopathy, right knee contusion, left knee contusion, right carpal tunnel syndrome, left carpal tunnel syndrome, disc protrusion of lumbar spine, associated with an industrial injury date of December 18, 2011. Medical records from 2013 through 2014 were reviewed. The progress report, dated April 24, 2014, showed constant low back pain radiating to the left knee and weakness on left leg. There was numbness and tingling sensation on both hands. There was noted pain on bilateral wrists. Physical examination revealed tenderness of the paraspinal muscles. Treatment to date has included physical therapy, steroid injections and medications such as Citalopram since May 2014 and Clonazepam. Utilization review from May 6, 2014 modified the request from Citalopram HBR 40mg #30 to Citalopram HBR 40mg #15 because the medical records were very limited and are illegible and did not clearly provide a rationale or indication for continuing this medication or to indicate its efficacy. However, tapering and discontinuation was allowed for a resubmission of a new request with additional information regarding the indications and efficacy for this medication. The request for Clonazepam 0.5mg #30 QHS was modified to Citalopram HBR 40mg #15 because the medical records did not provide a rationale as to why chronic benzodiazepines would be indicated in this patient contrary to the treatment guidelines. However, tapering and discontinuation was allowed for a resubmission of a new request with additional information regarding the indications and efficacy for this medication. The request for Flur/Cyclo/Caps/Lid #120 was denied because the medical records were very limited in details. The records did not support the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram HBR 40 mg, thirty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin re uptake inhibitors) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, selective serotonin reuptake inhibitors (SSRIs) Page(s): 16.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Citalopram is a selective serotonin reuptake inhibitor that belongs to a class of antidepressants. It has been suggested that its role is in addressing psychological symptoms associated with chronic pain. In this case, the patient has been on Citalopram since May 2014 for depression. The most recent psychiatric records revealed the patient noted a depressed mood. The medical necessity was established as the indication for treatment was necessary. Therefore, the request for Citalopram HBR 40 mg, thirty count, is medically necessary and appropriate.

Clonazepam 0.5 mg, thirty count, provided on September 28, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to 4 weeks. In this case, the date of initial intake of Clonazepam was not specified. There was no documentation of intake in September 2013 and the functional benefits derived from it. The medical necessity has not been established due to insufficient documentation. Therefore, the Clonazepam 0.5 mg, thirty count, provided on September 28, 2013, is not medically necessary or appropriate.

Compounded topical medication, Flur/Cyclo/Caps/Lid, 120 count, provided on March 6, 2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin, topical Page(s): 111-113, 28.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is little to no research as to the use of Flurbiprofen in compounded products. The use of Cyclobenzaprine as a topical muscle relaxant is not recommended. According to the Chronic

Pain Medical Treatment Guidelines, topical Capsaicin has moderate to poor efficacy but may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Topical formulations of Lidocaine and Prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Guidelines also state that no other commercially approved topical formulations of Lidocaine, other than Lidocaine dermal patch (Lidoderm), are indicated for neuropathic pain. In this case, compounded products were prescribed for relief of pain. However, certain components of this compound, i.e., Flurbiprofen, Lidocaine and Cyclobenzaprine, are not recommended for topical use. The 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 . Compounded topical medication, Flur/Cyclo/Caps/Lid, 120 count, provided on March 6, 2014, is not medically necessary or appropriate.