

Case Number:	CM14-0073362		
Date Assigned:	07/16/2014	Date of Injury:	09/29/2004
Decision Date:	09/16/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/20/2014

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 Illinois. 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 55-year-old male who reported injury on 09/29/2004 caused by an unspecified mechanism. The injured worker's treatment history included medications and urine drug screen. The injured worker had a urine drug screen on 04/15/2014 that was positive for tramadol; however, negative for opiates. The injured worker was evaluated on 02/27/2014 and it was documented that injured worker complained of lumbar pain radiating to both legs with numbness and tingling. Physical examination revealed tenderness in the lumbar paraspinals and decreased range of motion secondary to pain. The straight leg raise test was positive bilaterally at 20 degrees. There was tenderness on the bilateral sacroiliac joints. Faber's test was positive. He stated medication compound creams were helpful. Medications included Norco 10/325 mg, Paxil 20 mg, Prilosec 20 mg, Ultram ER 15 mg, and compound cream. The request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tube of Flurbiprofen 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines state topical analgesics 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Non-steroidal ant inflammatory agents (NSAIDs) efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documents submitted lacked evidence of outcome measurements of conservative care such as, physical therapy, pain medication management and home exercise regimen. In addition, the request lacked duration, frequency and location where topical is supposed to be applied on injured worker. Given the above, the request is not supported by the guidelines noting the safety or efficacy of this medication. The request for 1 tube of Flurbiprofen 30mg is not medically necessary.

1 Tube of Flurbiprofen 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines state topical analgesics 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Non-steroidal ant inflammatory agents (NSAIDs) efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documents submitted lacked evidence of outcome measurements of conservative care such as, physical therapy, pain medication management and home exercise regimen. In addition, the request lacked duration, frequency and location where topical is supposed to be applied on injured worker. Given the above, the request is not supported by the guidelines noting the safety or efficacy of this medication. The request for 1 tube of Flurbiprofen 120 mg is not medically necessary.

90 Capsules of Prilosec 20mg: 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 Proton pump inhibitors Page(s): 68-69.

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation provided did not indicate that the injured worker having gastrointestinal events. In addition, the request lacked frequency of the medication for the injured worker. Given the above, the request for Prilosec 90 capsules of Prilosec 20 mg is not medically necessary.

90 Tablets of Ultram ER 150mg: 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 Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is non-certified. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, there was lack of outcome measurements of conservative care such as, physical therapy or home exercise regimen noted for the injured worker. Given the above, 90 tablets of Ultram ER 150 mg is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, the request is not medically necessary.