

Case Number:	CM14-0074796		
Date Assigned:	07/16/2014	Date of Injury:	04/19/2013
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/22/2014

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 Interventional Spine 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 60-year-old female with date of injury of 04/19/2013. The listed diagnoses per [REDACTED] dated 04/18/2014 are: Cervical disk displacement with radiculopathy; Cervical radiculopathy; Cervical spine sprain/strain; Thoracic spine sprain/strain; Lumbar disk displacement with radiculopathy; Lumbar radiculopathy; Lumbar spinal stenosis; Lumbar facet syndrome; Lumbar spine sprain/strain; Insomnia. According to this report, the patient complains of neck, midback, and low back pain. The patient rates her pain at 8/10 without medications and 6/10 with medications. On 02/21/2014, the patient received a trigger point injection to the paracervical muscles, which she reports no improvement in her neck pain. The objective findings showed tenderness and myospasm palpable over the bilateral paracervical muscles and bilateral trapezius muscles. Positive Spurling's and cervical distraction test bilaterally. There is also tenderness and myospasms over the bilateral parathoracic muscles from T1 through T12 spinal levels. Straight leg raise is positive bilaterally causing low back pain radiating to the posterior thigh at 30 degrees. Sensory examination reveals decreased sensation at the bilateral C5, C6, C7, and C8 dermatomes including 2 joint discriminations, light touch and pain sensations. The utilization review denied the request on 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Chronic Pain Guidelines pages 68 and 69 on NSAIDs GI symptoms and cardiovascular risk state that it is recommended with precaution for patients at risk for gastrointestinal events; ages greater than 65; history of peptic ulcer; GI bleed or perforation; concurrent use of ASAs or corticosteroids and/or anticoagulants; high dose multiple NSAIDs. The records show that the patient was first prescribed Protonix on 04/18/2014. The record shows that the patient is having nausea and stomach upset with antiinflammatories including Celebrex. In this case, the treater has documented GI symptoms and the use of Protonix is reasonable. As such, the request is medically necessary and appropriate.

Urine drug screen: 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 Drug testing Page(s): 43.

Decision rationale: The records show that the patient had UDS on 01/24/2014, 02/21/2014, 03/21/2014, and 04/18/2014. The UDS dated 04/18/2014 showed inconsistent results to prescribed medications. It appears that the treater went ahead and performed the UDS before UR denied the request. This patient is considered "moderate risk" for addiction/aberrant behavior and ODG recommends 2 to 3 times a year screening with confirmatory testing for inappropriate or unexplained results. In this case, the patient's 4th UDS request would exceed ODG Guidelines. As such, the request is not medically necessary and appropriate.

Flurbiprofen 20%/ Cyclobenzaprine 4%/ Lidocaine 5% CREAM 180mg: 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(s): 111.

Decision rationale: This patient presents with neck, midback, and lower back pain. The treater is requesting flurbiprofen/Cyclobenzaprine/lidocaine. The MTUS Guidelines page 111 on topical analgesics state that it is largely experimental in use with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In

this case, Cyclobenzaprine is not recommended as a topical compound. As such, the request is not medically necessary and appropriate.

Capsaicin 0.0375%/ Menthol 5%/ Camphor 2%/Tramadol 8%/Gabapentin 10%/Cyclobenzaprine 4%/ CREAM 180mg: 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(s): 111.

Decision rationale: The MTUS Guidelines page 111 on topical analgesics state that it is largely experimental and used with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Tramadol, Gabapentin, and Cyclobenzaprine are not recommended in topical formulation. As such, the request is not medically necessary and appropriate.