

Case Number:	CM14-0076429		
Date Assigned:	07/18/2014	Date of Injury:	06/07/2013
Decision Date:	09/10/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/27/2014

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 Family Practice, 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 49 yr. old female claimant sustained a work injury on 6/7/13 involving the head, neck and low back. She was diagnosed with cervical and lumbar sprain. She had a prior history of gastritis. A progress note on 4/10/14 indicated the claimant had 9/10 pain with activities of daily living. Exam findings were notable for tenderness in the suboccipital region, trapezial spasms, reduced range of motion of the lumbar spine, positive sitting and straight leg raise test, and decreased sensation in the left lateral thigh. The treating physician requested physical therapy, EMG testing, Cyclobenzaprine, Tramadol and Pantoprazole. In addition she was prescribed topical analgesics including : Flurbiprofen 20%/Tramadol 20% in Mediderm Base and Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% in Mediderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg. #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. Flexeril was prescribed for a month. There's no information as to how long the claimant has been on Flexeril or prior response. It is intended for use for only a short course. Flexeril as prescribed is not medically necessary.

Pantoprazole DR (Delayed Release) 20 mg. #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs)Gastrointestinal symptoms and cardiovascular risks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter-Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Pantoprazole is not medically necessary.

Flurbiprofen 20%/Tramadol 20% in Mediderm Base 210 gm.: 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): 111-112.

Decision rationale: According to the MTUS guidelines, 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs (such as Flurbiprofen) 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. In this case there is no indication for length of use of the topical medication above. Flurbiprofen is not recommended for extended length of use. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Based on the above the topical medication, Flurbiprofen 20%/Tramadol 20% , is not medically necessary.

Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% in Mediderm Base 210 gm.: 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): 111-112.

Decision rationale: According to the MTUS guidelines, 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not a recommended topical medication. Therefore, for Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% is not medically necessary.