MAXIMUS Federal Services

Case Number:	CM14-0077976		
Date Assigned:	07/25/2014	Date of Injury:	09/08/2003
Decision Date:	09/22/2014	UR Denial Date:	04/29/2014
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 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:

Patient is a 48-year-old male who has submitted a claim for depressive disorder with anxiety, lumbosacral neuritis, failed lumbar diskectomy, left lower extremity radiculopathy, cervical discogenic pain, hypertension, and erectile dysfunction associated with an industrial injury date of 9/8/2003.Medical records from 2012 to 2014 were reviewed. Patient complained of low back pain radiating to the left lower extremity, associated with numbness and tingling sensation. Patient likewise reported gastrointestinal complaints, such as acid reflux and nausea which started in 2006. In addition, patient developed sleep disturbance secondary to pain. Physical examination of the cervical spine showed tenderness and normal but painful range of motion. Lumbar spine showed tenderness with restricted range of motion. Straight leg raise test was positive on the left. Sensation was diminished along the L4 to S1 dermatomes on the left. Motor examination showed weakness of the left lower extremity muscles. Reflexes were normal. Blood pressure was measured at 130/85 mmHg with pulse rate of 92 beats/min. Treatment to date has included lumbar surgery, lumbar facet injections, lumbar diskogram, cervical medial nerve block, use of a TENS unit, and medications such as Ibuprofen (since 2012), Lisinopril (since 2012), Cyclobenzaprine (since 2012), Docusate (since 2012), Wellbutrin (since 2012), Norco (since 2012), Gabapentin (since 2013), and topical creams.Utilization review from 4/29/2014 modified the request for Oxycodone 30mg #120 into quantity 90 for the purpose of weaning because there were no quantifiable descriptors of pain reduction and functional benefit from its use; modified the request for Gabapentin 300mg #60 with 11 refills into quantity 60 with zero refill because one year supply was not reasonable; modified the request for Ibuprofen 400mg #180 with 11 refills into one refill to minimize use of high-dose Ibuprofen; modified the request for Lisinopril 30mg #30 with 11 refills into one refill for proper monitoring of the medications; modified the request for Docusate Sodium #100 with 11 refills into one refill

because the patient was on opioid therapy; denied Flurlido A (Fluriprofen 20%, Lidocaine 5%, Amyfriptyline 5%) and Ultraflex G (Gabapentin 10%, Cyclobenzeprine 6%, Tramadol 10%) due to lack of published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opioids since 2012. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Oxycodone 30 mg, #120 is not medically necessary.

Gabapentin 300mg #60 with 11 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and Gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on Gabapentin as early as 2013. Patient's manifestation of chronic low back pain radiating to bilateral lower extremities associated with numbness, is consistent with neuropathic pain. However, there was no documentation concerning pain relief and functional improvement derived from its use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Gabapentin 300 mg #60 with 11 refills is not medically necessary.

Ibuprofen 400mg #180 with 11 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Ibuprofen since 2012. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Ibuprofen 400 mg #180 with 11 refills is not medically necessary.

Lisinopril 30mg #30 with 11 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1, 2 and gestational).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Heart, Lung, and Blood Institute. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) (http://www.nhlbi.nih.gov/guidelines/hypertension/jn c7full.pdf).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) was used instead. It states that there were reductions in a variety of cardiovascular diseases with ACE inhibitors, compared with placebo, in individuals with prior CVD or diabetes mellitus combined with other risk factors. In this case, patient is a known hypertensive and has been on Lisinopril since 2012. The most recent physical examination showed a blood pressure of 130/85 mmHg and pulse rate of 92 beats/min. The medical necessity for continuing ACE inhibitor prescription has been established since blood pressure is controlled by the medication. However, there is no discussion as to why 11 refills should be certified at this time. Frequent monitoring of patient's response to therapy is paramount in medication management. Therefore, the request for Lisinopril 30 mg, #30 with 11 refills is not medically necessary.

Docusate Sodium #100 with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C.management of constipation. Iowa City (IA): University of Iowa Gerontology Nursing interventions Research Center, Research Translation and dissemination Core; 2009 Oct 51p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids, Initiating Therapy Page(s): 77.

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, patient is on opioid therapy since 2012; hence, prophylactic treatment for constipation has been established. However, simultaneous request for Oxycodone has been deemed not medically necessary. There is no clear indication for certifying a stool softener at this time. Therefore, the request for Docusate Sodium #100 with 11 refills is not medically necessary.

Flurlido A (Fluriprofen 20%, Lidocaine 5%, Amyfriptyline 5%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS does not support the use of opioid medications and Gabapentin in a topical formulation. Cyclobenzaprine is not recommended for use as a topical analgesic. The topical formulation of tramadol does not show consistent efficacy. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains Gabapentin, Cyclobenzaprine and Tramadol that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Ultraflex G (Gabapentin 10%, Cyclobenzeprine 6%, Tramadol 10%) is not medically necessary.

Ultraflex G (Gabapentin 10%, Cyclobenzeprine 6%, Tramadol 10%): 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 Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS does not support the use of opioid medications and gabapentin in a topical formulation. Cyclobenzaprine is not recommended for use as a topical analgesic. The topical formulation of tramadol does not show consistent efficacy. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains gabapentin, cyclobenzaprine and tramadol that are not recommended for topical use. Guidelines state that any compounded product that contains a drug

class that is not recommended is not recommended. Therefore, the request for Ultraflex G (Gabapentin 10%, Cyclobenzeprine 6%, Tramadol 10%) is not medically necessary.