MAXIMUS Federal Services

Case Number:	CM14-0080465		
Date Assigned:	07/18/2014	Date of Injury:	04/21/2013
Decision Date:	09/17/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/02/2014

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 51-year-old male who reported an injury on 04/21/2013. The mechanism of injury was the injured worker was the right front non-seatbelted passenger in the company van and as a coworker was driving in the parking lot, he accidently drove into a cement light pillar at approximately 20 miles an hour due to poor lighting and no cautionary cones or taping. The injured worker's body slammed against the dashboard and his head struck the windshield and the injured worker bounced back to the center floor of the van. The prior treatments included epidural steroid blocks, physical therapy, massage, and medications. The injured worker's medications were noted to include Lyrica 50 mg 3 times a day, naproxen 550 mg twice a day, and tramadol 50 mg 3 times a day as of 01/2014. The injured worker was noted to undergo a cervical and lumbar MRI in 2013. The surgical history was not provided. The most recent documentation regarding medications was dated 01/28/2014. The injured worker indicated the current medication regimen with naproxen, Lyrica, and tramadol helped the injured worker mitigate his pain marginally. The injured worker had lumbar radicular pain that was more significant than neck pain. The physical examination revealed the injured worker had cervical tenderness in the paracervical spine and a positive Spurling's on the right. The injured worker had full range of motion of the cervical spine. The injured worker had tenderness in the lumbar paraspinal muscles and dullness to pinprick on the left thigh and calf. The injured worker had a positive left straight leg raise. The diagnoses included cervical and lumbar radiculopathy and cervical and lumbar facet arthropathy. The treatment plan included a bilateral L4-5 transforaminal epidural steroid injection; a consideration for a cervical epidural steroid injection in the future; refill the medications of Lyrica 50 mg 3 times a day, naproxen 550 mg twice a day, and tramadol 50 mg 3 times a day as needed for exacerbated pain; and continue activity as tolerated. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of a recent objective physical examination. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for naproxen 550 mg #60 is not medically necessary.

Cyclobenzaprine powder, 3gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The California MTUS indicate that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2 to 3 weeks. The addition of cyclobenzaprine to other agents is not recommended. They do not recommend the topical use of cyclobenzaprine as a topical muscle relaxants as there is no peer reviewed evidence for use of any other muscle relaxant as a topical product. The duration of use could not be established. There was a lack of documentation of exceptional factors to warrant nonadherence to Guideline recommendations. Given the above, the request for cyclobenzaprine powder, 3 gm is not medically necessary.

Gabapentin powder,3gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 113.

Decision rationale: The California MTUS Guidelines do not recommend antiepileptic medications as topical drugs as there is no peer reviewed literature to support its use. The injured worker was noted to be utilizing Lyrica. There was a lack of documentation indicating a necessity for 2 forms of antiepileptic medications. The duration of use could not be established. Given the above, the request for gabapentin powder, 3 gm is not medically necessary.

Flurbiprofen powder 6gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen Page(s): 72.

Decision rationale: The California Medical Treatment & Utilization Schedule state 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. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The clinical documentation submitted for review indicated the injured worker had utilized NSAIDs previously. The duration of use however could not be established through the supplied documentation. There was a lack of documentation indicating a necessity for both a topical and oral form of NSAIDs. T Given the above, the request for flurbiprofen powder, 6 gm is not medically necessary.

Tramadol powder, 6gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 82. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines indicate that the approved form of tramadol is for oral consumption, which is not recommended as a first line therapy. A thorough search of FDA.gov, did not indicate there was a formulation of topical tramadol that had been FDA approved. The injured worker was utilizing oral tramadol. There was a lack of documentation of objective findings to support the necessity for both the oral and topical form of tramadol. Given the above and the lack of exceptional factors, the request for tramadol powder, 6 gm is not medically necessary.