

Case Number:	CM14-0091766		
Date Assigned:	07/25/2014	Date of Injury:	05/18/2010
Decision Date:	08/28/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/17/2014

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 & Rehabilitation 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:

According to the records made available for review, this is a 32-year-old GENDER with a 5/18/10 date of injury. At the time (4/3/14) of request for authorization for Exalgo 8mg #30, Analgesic 10% topical cream, and Diazepam 5mg #80, there is documentation of subjective (headache and neck pain) and objective (tenderness over the occipital area, thoracic, and lumbar paraspinal muscles with trigger point, and positive jump sign) findings, current diagnoses (lumbago-sciatica due to displacement of lumbar intervertebral disc, thoracic spinal stenosis, lumbosacral radiculitis, chronic pain syndrome, spondylosis, and degeneration of cervical intervertebral disc), and treatment to date (medications (including Prevacid, Flexeril, Cyclobenzaprine, and ongoing treatment with Exalgo), and trigger point injections). Medical report identifies ongoing opioid treatment assessment. In addition, medical reports identify that analgesic 10% topical cream is a compounded medicine which includes Gabapentin and Cyclobenzaprine, and that Diazepam is prescribed for 2 tablets a day. Regarding Exalgo, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Exalgo use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 8mg #30: 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 Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago-sciatica due to displacement of lumbar intervertebral disc, thoracic spinal stenosis, lumbosacral radiculitis, chronic pain syndrome, spondylosis, and degeneration of cervical intervertebral disc. In addition, there is documentation of ongoing treatment with Exalgo. Furthermore, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Exalgo use to date. Therefore, based on guidelines and a review of the evidence, the request for Exalgo 8mg #30 is not medically necessary.

Analgesic 10% topical cream: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbago-sciatica due to displacement of lumbar intervertebral disc, thoracic spinal stenosis, lumbosacral radiculitis, chronic pain syndrome, spondylosis, and degeneration of cervical intervertebral disc. In addition, there is documentation that the requested analgesic 10% topical cream is a compounded medicine which includes Gabapentin and Cyclobenzaprine. However, topical analgesic 10% topical cream contains at

least one component (Gabapentin and Cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Analgesic 10% topical cream is not medically necessary.

Diazepam 5mg #80: 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 Benzodiazepines Page(s): 24.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. Within the medical information available for review, there is documentation of diagnoses of lumbago-sciatica due to displacement of lumbar intervertebral disc, thoracic spinal stenosis, lumbosacral radiculitis, chronic pain syndrome, spondylosis, and degeneration of cervical intervertebral disc. However, given documentation of Diazepam prescription for 2 tablets a day, and a request of Diazepam 5mg #80, there is no documentation of intention to treat over a short course (up to 4 weeks). Therefore, based on guidelines and a review of the evidence, the request for Diazepam 5mg #80 is not medically necessary.