MAXIMUS Federal Services

Case Number:	CM13-0063063		
Date Assigned:	04/30/2014	Date of Injury:	12/11/2010
Decision Date:	12/03/2015	UR Denial Date:	11/16/2013
Priority:	Standard	Application Received:	12/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (at time of Utilization Review), male who sustained a work related injury on 12-11-10. A review of the medical records shows he is being treated for lower back, bilateral knee and right wrist-hand pain. In the Pain Management Reevaluation Report dated 10-25-13, the injured worker reports lower back pain radiating into both legs. He rates his pain level a 7 out of 10. He reports right wrist-hand pain with occasional radiation up to right forearm. He rates this pain a 7 out of 10. He reports bilateral knee pain. He rates this pain a 7-9 out of 10. Pain is somewhat relieved by medications. On physical exam dated 10-25-13, he has midline tenderness at L4-S1. He has bilateral sacroiliac joint tenderness. He has tenderness in bilateral lumbar facets in L4-S1. Lumbar movement is painful. He has positive straight leg raises with both legs. He has tenderness over whole knee bilaterally. Treatments have included right carpal tunnel release, physical therapy, lumbar epidural injections, medications, bilateral knee injections and acupuncture. Current medications in this progress note include Prilosec, Ultram ER, Neurontin, Ambien and two different topical creams. He was not using the Lidoderm patches at the time of this progress note and it is unclear when it was started but the medical records show he was using the Lidoderm patches since at least March, 2015. He is on temporary total disability. The treatment plan does not include the requested treatments. In the Utilization Review dated 11-16-13, the requested treatments of Capsaicin-Flurbiprofen-Gabapentin cream, Omeprazole and Tramadol are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/Flurbiprofen/ Gabapentin cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Capsaicin, Flurbiprofen and gabapentin cream is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are possible lumbar discogenic pain; possible bilateral lumbar facet pain L4-L5 and L5 S1; possible lumbar sprain strain; bilateral lumbosacral radicular pain; right internal derangement; left knee internal derangement; bilateral carpal tunnel syndrome; and stress syndrome. Date of injury is December 11, 2010. According to a January 14, 2013 progress note, current medications include Ultram, Prilosec, gabapentin, Ambien and #2 topical analgesics. The topical analgesics are not named with ingredients in the medical record. According to a progress note dated October 25, 2013, subjective complaints include low back pain with radiation to the lower extremities, knee pain and right hand and forearm pain. Objectively, there is tenderness over the lumbar spine paraspinals from L5 to S1. There is tenderness over the SI joints. There is motor weakness without quantification in the lower extremities right greater than left. There is no objective functional improvement with the topical analgesic cream. There are no strengths of the Capsaicin, Flurbiprofen or gabapentin cream. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Flurbiprofen is not FDA approved for topical use. Gabapentin is not recommended. Any compounded product that contains at least one drug (Flurbiprofen and gabapentin) that is not recommended is not recommended. The capsaicin strength is not indicated. Consequently, Capsaicin, Flurbiprofen and gabapentin cream is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Capsaicin, Flurbiprofen and gabapentin cream is not medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not

limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are possible lumbar discogenic pain; possible bilateral lumbar facet pain L4-L5 and L5 S1; possible lumbar sprain strain; bilateral lumbosacral radicular pain; right internal derangement; left knee internal derangement; bilateral carpal tunnel syndrome; and stress syndrome. Date of injury is December 11, 2010. According to a January 14, 2013 progress note, current medications include Ultram, Prilosec, gabapentin, Ambien and #2 topical analgesics. The topical analgesics are not named with ingredients in the medical record. According to a progress note dated October 25, 2013, subjective complaints include low back pain with radiation to the lower extremities, knee pain and right hand and forearm pain. Objectively, there is tenderness over the lumbar spine paraspinals from L5 to S1. There is tenderness over the SI joints. There is motor weakness without quantification in the lower extremities right greater than left. There is no objective functional improvement with ongoing omeprazole. There are no risk factors or comorbid conditions indicating a proton pump inhibitor is clinically indicated. The strength of omeprazole and the directions for use are not described in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no straightforward directions for use, and no clinical indication or rationale for a proton pump inhibitor, Omeprazole is not medically necessary.

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are possible lumbar discogenic pain; possible bilateral lumbar facet pain L4-L5 and L5 S1; possible lumbar sprain strain; bilateral lumbosacral radicular pain; right internal derangement; left knee internal derangement; bilateral carpal tunnel syndrome; and stress syndrome. Date of injury is December 11, 2010. According to a January 14, 2013 progress note, current medications include Ultram, Prilosec, gabapentin, Ambien and #2 topical analgesics. The topical analgesics are not named with ingredients in the medical record. According to a progress note dated October 25, 2013, subjective complaints include low back pain with radiation to the lower extremities, knee pain and right hand and forearm pain. Objectively, there is tenderness over the lumbar spine paraspinals from L5 to S1. There is tenderness over the SI joints. There is motor weakness without quantification in the lower extremities right greater than left. There is no objective functional improvement with ongoing Tramadol (Ultram). There are no detailed pain assessments or risk assessments in the medical record. There is no documentation demonstrating

objective functional improvement. There are no Tramadol strengths or directions for use in the record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation of Tramadol strength or directions for use and no detailed pain assessments or risk assessments or attempted weaning, Tramadol is not medically necessary.