MAXIMUS Federal Services

Case Number:	CM14-0152470		
Date Assigned:	10/23/2014	Date of Injury:	08/29/2006
Decision Date:	03/16/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/18/2014

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. 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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male patient, who sustained an industrial injury on 09/15/2014. A primary treating office visit dated 08/06/2014 reported subjective complaint of lower back dull and aching pain rated a 6 out of 10 in intensity without medications and at a 2 after administration of medications. the pain is aggravated with activities such as forward back bending, and lifting. The pain is relieved with rest and medications. The pain radiates down to bilateral extremities accompanied with numbness/tingling to the left side more. He is also with loss of sleep secondary to pain. Objective assessment found lumbar spine with tenderness and myospasm palpable over bilateral paralumbar muscles. There is decreased lumbar range of motion in all planes and a positive straight leg raise test on the left side which caused low back pain radiating to the left posterior thigh upon 45 degree of left leg raising. There is also a positive Braggard's test on the left side. He is diagnosed with lumbar radiculopathy, lumbar myositis, lumbar sprain/strain and insomnia. On 09/15/2014 Utilization Review non-certified a request for Omeprazole, compound Ointment and Tramadol, noting the CA MTUS, opioids, topical analgesia were cited. the injured worker submitted an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #60 (dispensed8/28/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient is a 48 year old male who with lower back pain rated 6/10 with a dull quality, aggravated by bending and lifting. Pain radiates from the lower back into the bilateral lower extremities, left more than right. The patient's date of injury is 08/29/06. Patient is status post L5-S1 ESI performed on 06/14/14. The request is for OMEPRAZOLE 20MG #60 (DISPENSED 08/28/2014). The RFA for this request was not provided. Physical examination dated 08/06/14 revealed tenderness to palpation of the bilateral lumbar paraspinal muscles with spasm noted. Range of motion was decreased in all planes, positive straight leg raise test noted on the left side at 45 degrees, positive Braggard's sign noted on the left side. The patient is currently prescribed Anaprox, Omeprazole, Cyclobenzaprine, and Hydrocodone. Diagnostic imaging was not included. Patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regards to the request for Prilosec, the reports provided do not indicate how long this patient has been taking Omeprazole, does not specifically discuss any GI symptoms. Most recent progress report dated 08/06/14 indicates that this patient is prescribed an NSAID: Anaprox. While PPI's such as Omeprazole are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or other subjective complaints which would support continued use of this medication. Therefore, this request IS NOT medically necessary.

Prescription of Flurbiprofen 20%/ Tramadol 15%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025% in cream base: Upheld

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

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

Decision rationale: The patient is a 48 year old male who presents with lower back pain rated 6/10 with a dull quality, aggravated by bending and lifting. Pain radiates from the lower back into the bilateral lower extremities, left more than right. The patient's date of injury is 08/29/06. Patient is status post L5-S1 ESI performed on 06/14/14. The request is for PRESCRIPTION OF FLURBIPROFEN 20%, TRAMADOL 15%, MENTHOL 2%, CAMPHOR 2%, CAPSAICIN 0.025% IN CREAM BASE. The RFA for this request was not provided. Physical examination dated 08/06/14 revealed tenderness to palpation of the bilateral lumbar paraspinal muscles with

spasm noted. Range of motion was decreased in all planes, positive straight leg raise test noted on the left side at 45 degrees, positive Braggard's sign noted on the left side. The patient is currently prescribed Anaprox, Omeprazole, Cyclobenzaprine, and Hydrocodone. Diagnostic imaging was not included. Patient is temporarily totally disabled. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The requested compounded cream contains Tramadol, which is not supported by guidelines as a topical medication. MTUS guidelines indicate that any compounded medication which contains an unsupported ingredient is not substantiated. Furthermore, topical Flurbiprofen is only indicated for peripheral use. The request IS NOT medically necessary.

Prescription of Tramadol 20%/ Gabapentin 15%/ Amitriptyline 10% in cream base: Upheld

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

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

Decision rationale: The patient is a 48 year old male who presents with lower back pain rated 6/10 with a dull quality, aggravated by bending and lifting. Pain radiates from the lower back into the bilateral lower extremities, left more than right. The patient's date of injury is 08/29/06. Patient is status post L5-S1 ESI performed on 06/14/14. The request is for PRESCRIPTION OF TRAMADOL 20%, GABAPENTIN 15%, AMITRIPTYLINE 10% IN CREAM BASE. The RFA for this request was not provided. Physical examination dated 08/06/14 revealed tenderness to palpation of the bilateral lumbar paraspinal muscles with spasm noted. Range of motion was decreased in all planes, positive straight leg raise test noted on the left side at 45 degrees, positive Braggard's sign noted on the left side. The patient is currently prescribed Anaprox, Omeprazole, Cyclobenzaprine, and Hydrocodone. Diagnostic imaging was not included. Patient is temporarily totally disabled. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The requested compounded cream contains Tramadol and Gabapentin which are not supported by guidelines as topical medications. MTUS guidelines indicate that any compounded medication which contains an unsupported ingredient is not substantiated. Therefore, the request IS NOT medically necessary.