

Case Number:	CM14-0188051		
Date Assigned:	11/18/2014	Date of Injury:	06/28/2003
Decision Date:	01/06/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/11/2014

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 Emergency 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 with reported date of injury on 6/28/2003. No mechanism of injury was provided for review. Patient has a diagnosis of cervical discopathy with disc displacement, lumbar discopathy with disc displacement and R sacroiliac joint pain. Medical reports reviewed. Last report available until 9/29/14. Patient complains of neck and low back pain. Neck pain radiate to arm. Low back pain radiates to both legs with numbness and tingling. R leg is worst. Medications are "helpful". Objective exam reveals cervical tenderness to paraspinal region. Decreased Range of motion (ROM) due to pain. Negative Spurling's. Lumbar spine exam reveals paraspinal tenderness and decreased ROM. Straight leg raise is positive bilaterally. R SI joint tenderness. Fabere's and Patrick's sign positive. Normal strength. Decreased sensation to bilateral L5 dermatomes. Sub rosa report dated 7/7/14 was reviewed. Its reported findings do not change the review outcomes. No imaging or electrodiagnostic reports were provided for review. Medications include Anaprox, Doral, Fexmid, Narcosoft, Norco, Prilosec, Ultram and topical compounds. Independent Medical Review is for Fexmid 7.5mg #120 (retrospective-no DOS), Norco 10/325mg #120, Prilosec 20gm #90, Ultram ER 150mg #90, Nalfon 400mg #90, Cyclobenzaprine 10%/Tramadol 10% topical #15g and Cyclobenzaprine 10%/Tramadol 10% topical #60g (Retrospective-DOS 9/29/14). Prior UR on 10/31/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (no DOS indicated) for Fexmid 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Fexmid is cyclobenzaprine(also known as flexeril), a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Pt has no reported muscle spasms on exam. Patient appears to be on this medications chronically for at least 1year. The number of tablets prescribed does not support intermittent use but likely chronic use which is not recommended as per MTUS Chronic pain guidelines. Fexmid is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets the appropriate documentation of criteria. Documentation fails all criteria. There is documented no objective improvement in pain or activity of daily living. There is no appropriate monitoring of adverse events or abuse documented. Norco is not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is on Anaprox. There is no documentation of dyspepsia or risk of GI bleed. Prilosec is not medically necessary.

Ultram ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Ultram or tramadol is an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets the appropriate documentation of criteria. Documentation fails all criteria. There is documented no objective improvement in pain or activity of daily living. There is no appropriate monitoring of adverse events or abuse documented. Ultram is not medically necessary.

Nalfon 400mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 127-128.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Nalfon or Fenoprofen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Documentation completely fails to document appropriate response to medication and appropriate monitoring of side effects. Pt is also on Anaprox, another NSAID leading to risk of side effects and toxicity. Nalfon is not medically necessary.

Cyclobenzaprine 10%/Tramadol 10% topical cream 15gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended."Tramadol is an opioid-like substance. It is not FDA approved for topical application. MTUS guidelines do not recommend topical use. It is not medically recommended or appropriate.Cyclobenzaprine is an oral muscle relaxant. It is not FDA approved for topical application. MTUS guidelines do not recommend topical use. It is not medically recommended or appropriate.This compounded product is not medically necessary.

Retrospective request for Cyclobenzaprine 10%/Tramadol 10% topical cream 60 gm (DOS 9/29/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." Tramadol is an opioid-like substance. It is not FDA approved for topical application. MTUS guidelines do not recommend topical use. It is not medically recommended or appropriate. Cyclobenzaprine is an oral muscle relaxant. It is not FDA approved for topical application. MTUS guidelines do not recommend topical use. It is not medically recommended or appropriate. This compounded product is not medically necessary.