

Case Number:	CM14-0189159		
Date Assigned:	11/20/2014	Date of Injury:	11/15/2013
Decision Date:	01/08/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 38 year old male who was injured on 11/15/2013. He was diagnosed with lumbar sprain/strain. He was treated with physical therapy (including home exercises), acupuncture, and pain medications, but continued to experience chronic low back pain. At the most recent (10/8/14) office visit with his secondary treating physician prior to these requests submitted, the worker reported low back pain rated at 5/10 on the pain scale, worse with activity and improved with physical therapy, medication (no more details on benefit provided in the progress note), and rest. Lumbar examination revealed tenderness to the bilateral sacroiliac joints and paravertebral muscles, and positive straight leg raise. He reported using hydrocodone, Protonix, Norflex, and Sennosides. He was then recommended to take Gabapentin/Amitriptyline/Bupivacaine topical cream and Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin cream. A request for continuation of his current medications was also made soon afterwards.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence found in the documents provided that this full review was being completed, particularly at the time of the request for renewal of this medication. Most importantly there was no evidence of functional benefit with the continued use of hydrocodone. Therefore, without clear evidence of benefit, the Hydrocodone will be considered medically unnecessary.

Protonix 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton Pump Inhibitors

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no evidence found in the documentation suggesting this worker was taking any NSAID and also no evidence that he was at an increased risk for gastrointestinal events which would have helped justify the continued use of Protonix, which does carry with it long-term risks with its use. Therefore, the Protonix is not medically necessary.

Norflex 100 mg #60: Upheld

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

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are

likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, who had been using Norflex chronically for his low back pain, this is not the recommended use of this medication. Also, at the time of this request, there was no evidence to suggest he was having an acute flare-up which might have justified a short course of Norflex. On the contrary, since the intention of the provider seems to be to renew this medication for chronic use, the Norflex will be considered medically unnecessary to continue.

Gabapentin/Amitriptyline/Bupivacaine in cream base: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Any compounded combination product that contains at least one drug or drug class that is not recommended is not recommended, according to the MTUS. Specifically it does not recommend gabapentin for topical use due to the lack of peer-reviewed literature to support its use. In the case of this worker, they were recommended Gabapentin/Amitriptyline/Bupivacaine for topical use. As this product contains Gabapentin, a non-recommended topical medication, the entire product will be considered medically unnecessary.

Flubiprofen/Baclofen/Dexamethasone/Menthol/Capsaicin in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Any compounded combination product that contains at least one drug or drug class that is not recommended is not recommended, according to the MTUS. Specifically it does not recommend Baclofen for topical use due to the lack of peer-reviewed literature to support its use. In the case of this worker, they were recommended Flurbiprofen/Baclofen/Dexamethasone/Menthol/Capsaicin for topical use. As this product contains Baclofen, a non-recommended topical medication, the entire product will be considered medically unnecessary.