

<b>Case Number:</b>	CM14-0208203		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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. 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This worker was injured on 05/10/2010 while being employed. On physician's progress report dated 10/22/2014 he complained of neck pain, stiffness and heaviness with any prolonged or repetitive looking up and down, sitting and standing. He also complained of lower back pain, numbness and tingling. The injured worker was noted to have a decrease in range of motion, tenderness on palpation of the cervical and lumbar paravertebral muscles and SI joints. Symptoms were noted to be relieved by medication. His diagnoses were cervical sprain/strain and lumbar sprain/strain. Treatment plan included an urinalysis which was completed during the visit and prescriptions for the following: Protonix 20mg #60, Tramadol ER 150mg #60, Gabapentin 600mg #90, compound medication of Gaba10%/ Amitript 10%/ Bupivacaine 5% in cream base #210 gm, and compound medication Flurb20%/ Baclo 5%/ Dexameth 2%/ Menth 2%/ Camph 23%/ Capsaicin 0.025% in cream base #210gm. Documentation states the injured worker was not working. The Utilization Review dated 11/06/2014 non-certified the request for Protonix 20mg #60, Tramadol ER 150mg #60, compound medication of Gaba10%/ Amitript 10%/ Bupivacaine 5% in cream base #210 gm, and compound medication Flurb20%/ Baclo 5%/ Dexameth 2%/ Menth 2%/ Ca mph 23%/ Capsaicin 0.025% in cream base #210gm as not being medically necessary. The request for Gabapentin 600mg #90 was certified as medical necessary. The reviewing physician referred to CA MTUS Chronic Pain Medical Treatment Guidelines for recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

**Decision rationale:** According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. Therefore the prescription of Protonix 20mg # 60 is not medically necessary.

**Tramadol ER 150mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to the MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>There is no clear recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance and UDS for previous use of Tramadol. Therefore, the prescription of Tramadol ER 150mg #60 is not medically necessary.

**Gaba 10%/ Amitript 10%/ Bupivacaine 5% in cream base #210gm: Upheld**

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Gabapentin or any other compound of the proposed topical analgesic is recommended as topical analgesics for chronic limb pain. Gabapentin, a topical analgesic is not recommended by MTUS guidelines. Based on the above Gaba 10%/ Amitripty 10%/ Bupivacaine 5% in cream base #210gm is not medically necessary.

**Flubi 20%/ Baclo 5%/ Dexameth 2%/ Menth 2%/ Camph 2%/ Capsaicin 0.025% in cream base #210gm: Upheld**

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Capsaicin or any other compound of the proposed topical analgesic is recommended as topical analgesics for chronic limb pain. Capsaicin, a topical analgesic is not recommended by MTUS guidelines. Based on the above Flubi 20%/ Baclo 5%/ Dexameth 2%/ Menth 2%/ Camph 2%/ Capsaicin 0.025% in cream base #210gm is not medically necessary.