

Case Number:	CM14-0218647		
Date Assigned:	02/12/2015	Date of Injury:	07/05/2011
Decision Date:	05/15/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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 48-year-old female who reported an injury on 07/05/2011. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 12/08/2014. The documentation of 12/08/2014 revealed a handwritten note that was difficult to read. The findings revealed decreased range of motion and spasms in the lumbar and cervical spine. The diagnoses included lumbar sprain and strain. The treatment plan included physical therapy, acupuncture, medical foods, and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1%, 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Topical Capsaicin, Salicylates Topicals Page(s): 72, 112, 111, 28, 105.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. California Medical Treatment Utilization Schedule guidelines recommend Topical Salicylates. The clinical documentation submitted for review failed to provide documentation for a necessity for 2 topicals containing NSAIDs. There was a lack of documentation indicating the injured worker had a trial of an antidepressant and an anticonvulsant. Additionally, there was a lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. The request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1%, 120gm is not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5%, 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical Analgesics, Ketoprofen, Lidocaine Page(s): 41, 111, 113, 112.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety 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. The guidelines do not recommend the topical use of Cyclobenzaprine as topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Ketoprofen is not currently FDA approved for a topical application. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There was a lack of documentation indicating a necessity for 2 topical NSAIDs. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as

submitted failed to indicate the frequency and body part to be treated. Given the above, the request for Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5%, 120gm is not medically necessary.

Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines do not recommend the use of Theramine. The clinical documentation submitted for review failed to provide a rationale for the use of Theramine. The request as submitted failed to indicate the frequency for Theramine. Given the above, there request Theramine #90 is not medically necessary.

Sentra PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines do not recommend the use of Sentra PM. There was a lack of documentation indicating a rationale for the Sentra PM. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Sentra PM #60 is not medically necessary.

GABAdone #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines indicate that Gabadone is not recommended. There was a lack of documented rationale for the use of Gabadone. The request as submitted failed to indicate the frequency for the requested Gabadone. Given the above, the request for Gabadone #60 is not medically necessary.

Tramadol 50mg, 1 tablet by mouth twice a day as needed, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. Given the above, the request for Tramadol 50mg, 1 tablet by mouth twice a day as needed, #60 is not medically necessary.

Naproxen Sodium 550mg, 1 tablet by mouth twice a day, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Given the above, the request for naproxen sodium 550mg, 1 tablet by mouth twice a day, #90 is not medically necessary.

Pantoprazole 20mg, 1 tablet by mouth twice a day, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the injured worker was at intermediate risk or higher for gastrointestinal events. There was a lack of documentation of gastrointestinal symptoms. Given the above and

the lack of documentation, the request for pantoprazole 20mg, 1 tablet by mouth twice a day, #60 is not medically necessary.

Cyclobenzaprine 7.5mg, 1 tablet by mouth twice a day #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide efficacy for the requested medication. There was a lack of documentation of objective functional benefit. Additionally, there was a lack of legible documentation of efficacy for the requested medication. Given the above, the request for cyclobenzaprine 7.5mg, 1 tablet by mouth twice a day #90 is not medically necessary. Additionally, there was a lack of documentation indicating the duration of use as it is recommended for less than 3 weeks.