MAXIMUS Federal Services

Case Number:	CM15-0004127		
Date Assigned:	01/15/2015	Date of Injury:	06/01/2014
Decision Date:	03/19/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/08/2015

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, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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:

The injured worker is a 19-year-old female who reported injury on 06/01/2014. The mechanism of injury was a large menu board fell on top of the injured worker's head. The injured worker underwent an MRI of the cervical spine which was noncontributory to the request. Prior medications were not provided.The documentation of 12/10/2014 revealed the diagnoses of pain in the thoracic spine, sprains and strains of the neck and spasms of muscle. The injured worker's pain was noted to be 6/10 with frequent radiation to the shoulder with tenderness. Progress was slow but steady. Objectively the injured worker had tenderness in the cervical spine and relaxed her cervical spine after massage and electrostimulation. The treatment plan included myofascial release, electrical stimulation, and ultrasound, along with infrared light. Additionally, the treatment plan included a urine drug screen and medications. There was a Request for Authorization submitted for review dated 12/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5mg #90 (DOS: 12/10/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Muscle relaxants

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

Decision rationale: The California Medical Treatment Utilization Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The duration of use could not be established through supplied documentation and it if was a current medication, there was a lack of documentation of objective functional benefit and exceptional factors to continue the medication. There was a lack of documentation of a physical examination to support the injured worker had objective findings of muscle spasms to support the necessity for the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Retrospective request for Cyclobenzaprine 7.5mg #90 (DOS: 12/10/14) is not medically necessary.

Retrospective request for Pantoprazole 20mg #60 (DOS: 12/10/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, PPIs (proton pump inhibitors)

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers that are at intermediate or high risk for gastrointestinal events. Injured workers with no risk and no cardiovascular disease do not require the use of proton pump inhibitors. The clinical documentation submitted for review indicated the injured worker did not meet the criteria. The injured worker was not noted to have signs and symptoms of gastrointestinal distress. The duration of use could not be established and if it was a current medication, the efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Retrospective request for Pantoprazole 20mg #60 (DOS: 12/10/14) is not medically necessary.

Gabapentin 10%, amitriptyline 10%, bupivacaine 5% in cream base, 210 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin; Topical analgesics; Topical Lidocaine, Page(s): 113; 111; 112.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. 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. Bupivacaine is in the same family as Lidocaine and as such, the guidelines for Lidocaine were applied. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for nonadherence to guideline recommendations as some of the medications included were not recommended and, therefore, the topical cream would not be recommended. The request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for Gabapentin 10%, amitriptyline 10%, bupivacaine 5% in cream base, 210 grams is not medically necessary.

Flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, capsaicin 0.025% in cream base 210 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate Topicals; Flurbiprofen; Capsaicin; Baclofen Page(s): 111; 105; 7. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/search.php?searchterm=dexamethasone&a=1

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Regarding Topical Flurbiprofen 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. 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. Salicylate Topicals are recommended. There is no peer-reviewed literature to support the use of topical baclofen. Per Drugs.com, Dexamethasone is a corticosteroid that prevents the release of substances in the body that cause inflammation. Dexamethasone is used to treat many different inflammatory conditions such as allergic disorders, skin conditions,

ulcerative colitis, arthritis, lupus, psoriasis, or breathing disorders. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of first line therapies. There was a lack of documentation indicating the injured worker was nonresponsive to other treatments or intolerant. There was a lack of documentation to support nonadherence to guideline recommendations as multiple medications in the compound were not found to be recommended and as such, this compound would not be recommended. Additionally, there was a lack of documentation indicating a necessity for inclusion of dexamethasone. The rationale was not provided. The request, as submitted, failed to indicate the frequency for the requested medication and the body part to be treated. Given the above, the request for Flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, capsaicin 0.025% in cream base 210 grams is not medically necessary.

Retrospective request for Urine toxicology screening (DOS: 12/10/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had documented issues of abuse, addiction, or poor pain control. Additionally, the medications were not provided to support the necessity for a urine drug screen. Given the above, the request for Retrospective request for Urine toxicology screening (DOS: 12/10/14) is not medically necessary.

Range of Motion (ROM) each extremity/trunk: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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

Decision rationale: The Official Disability Guidelines indicate that flexibility is not recommended as a primary criteria; however, it should be part of a routine musculoskeletal examination. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above and the lack of documentation of exceptional factors, the request for range of motion (ROM) each extremity/trunk is not medically necessary.