MAXIMUS Federal Services

Case Number:	CM15-0006040		
Date Assigned:	01/20/2015	Date of Injury:	06/19/2014
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 29 year old male who sustained an industrial injury on 06/19/2014. The 2014 MRI of the lumbar spine showed multilevel disc bulges, neuroforaminal stenosis and facet arthropathy. On provider visit dated 11/26/2014, the injured worker has reported pain to the thoraco-lumbar spine. There was objective findings of tenderness to paraspinal areas of the lumbar spine, positive straight leg raising test, decreased sensation and motor power. The diagnoses were herniated disc of lumbar spine, lumbar radiculopathy and lumbago. The patient completed lumbar epidural steroid injections, PT, chiropractic and acupuncture treatments. The other medications listed on the 1/19/2015 progress notes are Norco, Percocet and Tramadol from another Provider. On 12/17/2014 Utilization Review non-certified Kera Tek gel 4 oz, Orphenadrine 50mg/Caffeine 10mg #60, Flurb/Omeprazale 100/10mg #60, Flurb/Cyco/Menth cream 20%/10%/ 4% 180mg and Gabapentin/Pyridoxine 250mg/10mg #120, noting as not medically necessary . The CA MTUS, ACOEM, and Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

kera Tek gel 4oz bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-72, 111-113. Decision based on Non-MTUS Citation Pain Chapter Topical Analgesics

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when standard treatment with first line anticonvulsants or antidepressants and second line Lidocaine patch have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The patient was diagnosed with lumbar radiculopathy. The records did not show that the patient have failed anticonvulsant medications. The Kera Tek preparation contains menthol 16% and methyl salicylate 28%. There is lack of guidelines support for the chronic use of menthol and methyl salicylate for the treatment of chronic musculoskeletal pain. The criteria for the use of Kera Tek was not met.

Orphenadrine 50mg/caffeine 10mg #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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter Muscle Relaxants

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term periods during exacerbations of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with opioids and sedative medications. The records indicate that the patient had utilized Orphenadrine longer than the guidelines recommended maximum period of 4 to 6 weeks. The patient is utilizing multiple opioids from other providers concurrently. The criteria for the use of Orphenadrine 50mg/Caffeine 10mg # 60 was not met.

Flurb/Omeprazole 100/10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Pain Chapter NSAIDs

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatments of exacerbations of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of renal, cardiac and gastrointestinal adverse effects. The incidence of complication is increased when multiple NSAIDs are utilized concurrently. It is

recommended that the use of NSAIDs be limited to the lowest possible dosage for the shortest duration. The records indicate that the patient is utilizing multiple NSAIDs in oral and topical formulations. There is no documentation of a history of NSAID related gastric disease or increased risk to NSAIDs associated gastrointestinal disease that required the use of a proton pump inhibitor omeprazole. The criteria for the use of Flurbiprofen / Omeprazole 100/10mg #60 was not met.

Flurb/Cyclo/Menth cream 20%/10%/4% 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Pain Chapter Topical Analgesics

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when standard treatment with first line anticonvulsants or antidepressants and second line Lidocaine patch have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The patient was diagnosed with lumbar radiculopathy. The records did not show that the patient have failed anticonvulsant medications. The patient was also utilizing oral NSAID medications. There is lack of guidelines support for the utilization of topical formulation of cyclobenzaprine and menthol for the chronic treatment of musculoskeletal pain. The criteria for the use of Flurb/Cyclo/Menth cream 20%/10%/4% 180g was not met.

Gabapentin/Pyridoxine 250mg/10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Pain Chapter Anticonvulsants

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of lumbar radicular pain. The records indicate that the patient had a history of chronic low back pain and lumbar radiculopathy. There were subjective and objective findings consistent with lumbar radiculopathy. There is no documentation of a deficiency of pyridoxine that required replacement treatment. The criteria for the utilization of gabapentin was met but not for combination product with pyridoxine supplement. The criteria for the use of Gabapentin/Pyridoxine 250mg/10mg #120 was not met.