

Case Number:	CM15-0010767		
Date Assigned:	01/28/2015	Date of Injury:	10/07/2013
Decision Date:	05/06/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/20/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 57 year old male who sustained a work related injury October 7, 2013, documented as cumulative trauma of upper extremities and neck. He has undergone treatment with acupuncture, chiropractic, and medications. According to interventional pain management physician's progress report dated November 26, 2014, the injured worker presented with low back, dull and aching pain 7/10 with medications, neck dull and aching pain 6-7/10 with medications, and dull and aching pain both wrists 7/10 with medications. Diagnoses included lumbar radiculopathy, lumbar myositis, myalgia, lumbar spine sprain/strain, cervical radiculopathy, cervical sprain/strain, carpal tunnel syndrome, carpal sprain/strain and insomnia. Treatment plan included dispensed medications, prescriptions and requests for medications, and durable medical equipment. Work status was documented as return to work 07/23/2014; no lifting over 20 lbs.; no lifting large or awkward packages. According to utilization review dated December 19, 2014, the requests for Anaprox, Acupuncture, and Trigger Point Injection to Paralumbar Muscles and Wrist Brace are authorized. The request for dispensed Cyclobenzaprine 10mg QTY: 60 is non-certified. The request for dispensed Alprazolam 0.5mg QTY: 60 is non-certified. The request for dispensed Omeprazole 20mg QTY: 60 is non-certified. The request for Flurbiprofen 10%/Capsaicin 0.05%/Menthol5%/Camphor 5% Cream 240gm QTY: 1 is non-certified. The request for Diclofenac 10%/Cyclobenzaprine 2% Cream 240gm QTY: 1 is non-certified. The request for Toradol 60mg IM injection QTY: 1 is non-certified. The request for Lumbar Back brace is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 10mg #60 (DOS: 11/26/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. The documentation does reference muscle spasm that the Flexeril would be used for however at this time frame it is not indicated. This request is not medically necessary and appropriate at this time.

Retrospective request for Alprazolam 0.5mg #60 (DOS: 11/26/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Benzodiazepines, like alprazolam, are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. This request is not medically necessary and appropriate.

Retrospective request for Omeprazole 20mg #60 (DOS: 11/26/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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

Decision rationale: According to MTUS guidelines, it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors 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). A history of ulcer

complications is the most important predictor of future ulcer complications associated with NSAID use. There was no notation of GI symptoms or a history of risk factors. This request is not medically necessary or appropriate at this time.

Flurbiprofen 10%/Capsaicin 0.05%/Menthol 5%/Camphor 5% cream 240 gm: Upheld

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

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

Decision rationale: Topical NSAID's are indicated for treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved for topical use. Even though capsaicin, menthol, and camphor are approved for topical use this cannot be approved due to other components in the compound not being FDA approved. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request is not medically necessary and appropriate.

Diclofenac 10%/Cyclobenzaprine 2% cream 240gm: Upheld

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

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

Decision rationale: Topical NSAID's, like diclofenac, are indicated for treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not FDA approved for topical use. This request is not medically necessary and appropriate.

Toradol 60mg IM injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

Decision rationale: Ketorolac oral tablet, 10 mg, carry a FDA boxed warning which states that the oral form is only recommended for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Increasing doses beyond a daily maximum dose of 40 mg will not provide better efficacy, and will increase the risk of serious side effects. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. Dosing: Acute pain (transition from IV or IM) for adults < 65 years of age: 20mg PO followed by 10mg PO every 4 to 6 hours (max 40 mg/day). An oral formulation should not be given as an initial dose. The IW was given an injection without transition to oral dosing for mild distress per the documentation. This request is not medically necessary and appropriate.

Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: According to ACOEM guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG guidelines state that lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). The IW has diagnoses of lumbar radiculopathy and lumbar sprain/strain, which are not indications for bracing/supports. The request is not medically necessary and appropriate.