

Case Number:	CM15-0015816		
Date Assigned:	02/03/2015	Date of Injury:	04/01/2013
Decision Date:	05/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/27/2015

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

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 50 year old male with an industrial injury dated April 1, 2013. The diagnoses include carpal tunnel syndrome, cervical sprain/strain, lumbar sprain/strain, and shoulder sprain/strain. In a progress note dated 12/3/2014, the injured worker reported frequent moderate throbbing neck pain, numbness and tingling relieved by medication. The injured worker also complained of frequent to constant low back pain relieved by medication and rest. Bilateral shoulder pain, weakness, and bilateral wrist pain with numbness and tingling was also noted with relief from medication. The treating physician noted tenderness to palpitation of the bilateral trapezii and cervical paravertebral muscles with spasm and a positive Spurling's sign. There was also tenderness to palpitation of the bilateral S1 joints and lumbar paravertebral muscles with spasm of the bilateral gluteus and lumbar paravertebral muscles and sitting straight leg raise was positive. Bilateral shoulder exam revealed tenderness to palpitation, muscle spasms and positive impingement. Bilateral wrist exam revealed tenderness to palpitation, positive Tinel's sign and positive Phalen's sign. The treating physician prescribed services for medication consultation, Protonix 20mg #60, Norflex 100mg #90, specimen collection and handling , urine toxicology screen and confirmations ,Compound: MPHCC1-Flurbiprofen 20%/Baclofen %5/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025% in cream base; 30 grams, and Compound: NPC1-Gabapentin 10%/Amitriptyline 10%/ Bupivacaine 5% in cream base; 30 grams. A Request for Authorization Form was then submitted on 12/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM , Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information an agreement to a treatment plan. In this case, the medical rationale for the requested medication consultation was not provided. There was no indication as to why a medication consultation is needed when the treating provider is continuing to prescribe the injured worker's medication regimen. As the medical necessity as not been established in this case, the request is not medically necessary.

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.

Norflex 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has continuously utilized the above medication for an unknown duration. It is noted that the

injured worker continues to demonstrate paravertebral muscle spasm upon examination. Guidelines do not support long term use of the medication. There is also no frequency listed in the request. As such, the request is not medically necessary.

Specimen collection and handling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and drug screening/toxicology.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.

Urine Toxicology screen and confirmations: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.

Compound: MPHCC1-Flurbiprofen 20%/Baclofen %5/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025% in cream base; 30 grams: Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. The request for a compounded cream containing flurbiprofen would not be supported. Muscle relaxants are not recommended for topical use. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Compound: NPC1-Gabapentin 10%/Amitriptyline 10%/ Bupivacaine 5% in cream base; 30 grams: Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer review literature to support its use as a topical product. There is also no frequency listed in the request. Given the above, the request is not medically necessary.