

Case Number:	CM15-0017725		
Date Assigned:	03/11/2015	Date of Injury:	10/22/2010
Decision Date:	04/23/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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: Anesthesiology

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 31-year-old female who sustained an industrial related injury on 10/22/10. The injured worker had complaints of neck pain with radiation to the upper extremities with numbness and tingling. Right wrist/hand pain with numbness and tingling were also noted. Right knee pain was noted. Diagnoses included brachial neuritis or radiculitis, lumbar spinal stenosis, right carpal tunnel syndrome, and left knee lateral meniscus tear. Medications included Norco, Valium, Xanax, and Gabapentin. The treating physician requested authorization for Omeprazole 20mg #60, Cyclobenzaprine 10mg #45, Colace 100mg #120, Norco 10/325mg #120, Valium 10mg #30, Xanax 1mg #30, Thyroxine Synthroid 137mg #30, Terocin 120ml, Flurbi NAP cream-LA 180g, Gabacyclotram 180mg, and Somnicin capsules #30. On 1/6/15, the requests were non-certified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines. Regarding Omeprazole, the UR physician noted gastritis, gastroesophageal reflux disease, or dyspepsia were not documented. Regarding Cyclobenzaprine, the UR physician noted the medical records do not identify acute pain or an acute exacerbation of chronic pain. Regarding Colace, the UR physician noted there was no documentation that noted the injured worker had issues with constipation. Regarding Norco, Valium, and Xanax the UR physician noted the medication had been frequently non-certified without discontinuation. Regarding Thyroxine Synthroid, the UR physician noted there was no documentation or an internal medicine report indicating the need for this medication. Regarding Terocin, the UR physician noted there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, shoulder, or neuropathic pain. Regarding Flurbi NAP cream

and Gabapentin, the UR physician noted the medications contain Gabapentin and Cyclobenzaprine. The MTUS guidelines do not support Cyclobenzaprine or Gabapentin in topical form. Regarding Somnicin, the UR physician noted there is no clear support for the use of this medication for the injured workers conditions. Therefore, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular.

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

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any GI symptoms or risk factors. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Cyclobenzaprine 10mg, #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. It is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) alone, or in combination with NSAIDs. In this case, there is no documentation of muscle spasm on physical exam. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Colace 100mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com - Docusate-sodium and Physician's Desk Reference, Colace Capsules (www.pdr.net).

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

Decision rationale: Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. Colace is a laxative and is used to relieve occasional constipation. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, with non-approval of opioid use, the medical necessity of Colace is not established. The requested medication is not medically necessary.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: According to MTUS and ODG, Norco 10/325mg (Hydrocodone /Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not recommended.

Valium 10mg, #30: Upheld

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

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

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Valium (Diazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of Valium for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There is no documentation provided indicating that the patient is maintained on any anti-depressant medication. In addition, there are no guideline criteria that supports the long-term use of benzodiazepines. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Xanax 1mg, #30: Upheld

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

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

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Xanax (Alprazolam) is a short-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines limit use of this medication to four weeks. The guidelines recommend that a more appropriate treatment for an anxiety and depression disorder would be an antidepressant. There is no documentation provided indicating that the patient is maintained on any antidepressant medication. The patient would benefit from a mental health evaluation to determine the appropriate medical therapy for her depression and anxiety conditions. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Thyroxine Synthroid 137mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com - Indications and Usage for Levothyroxine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Levothyroxine (Synthroid or L-thyroxine) is a synthetic thyroid hormone that is chemically identical to thyroxine (T4), which is naturally secreted by the follicular cells of the thyroid gland. It is used to treat thyroid hormone deficiency, and occasionally to prevent the recurrence of thyroid cancer. There is no documentation indicating that the patient has hypothyroidism. There are no laboratory values provided and no Internal Medicine report indicating the need for this medication. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Terocin 120mL: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, there is no documentation provided necessitating Terocin. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous oral medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Flurbi NAP Cream-LA 180gms: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, there is no documentation provided necessitating Flurbi (nap) cream. There is no documentation of intolerance to other previous medications. Flurbiprofen, used as a topical NSAID, has been shown to be superior to placebo during the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect over another two-week period. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

GabaCycloTram 180mgs: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (for example, including NSAIDs, opioids, local anesthetics or antidepressants). Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, Gabapentin and Tramadol are not FDA approved for a topical application. Medical necessity for the requested topical analgesic compound has not been established. The requested topical agent is not medically necessary.

Somnicin Capsules #30: 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) Chronic Pain.

Decision rationale: According to ODG, melatonin is recommended for insomnia treatment. Melatonin also has an analgesic effect in patients with chronic pain. Somnicin contains melatonin, 5-HTP, L-tryptophan, Vitamin B6 and magnesium. The documentation does not indicate that this patient has a sleep disturbance. Medical necessity for the requested item has not been established. The requested medication is not medically necessary.