MAXIMUS Federal Services

Case Number:	CM15-0165454		
Date Assigned:	09/03/2015	Date of Injury:	06/25/2014
Decision Date:	10/16/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational 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 62-year-old male, with a reported date of injury of 06-25-2014. The mechanism of injury was the result of an electrocution and thrown backwards. He lost consciousness. The injured worker's symptoms at the time of the injury included upper back and neck pain with radiation to the left arm. The diagnoses include cervical disc protrusion, cervical radiculopathy, cervical sprain and strain, lumbar disc protrusion, lumbar facet hypertrophy, lumbar impingement syndrome, lumbar myospasm, lumbar pain, lumbar radiculitis, lumbar sprain and strain, left rotator cuff tear, left shoulder impingement syndrome, left shoulder internal derangement, left shoulder pain, left shoulder sprain and strain, loss of sleep, and sleep disturbance. Treatments and evaluation to date have included oral medications, chiropractic treatment, and physical therapy. The diagnostic studies to date have included urine drug screening on 04-23-2015; an x-ray of the left hip on 03-28-2015 with normal findings; an x-ray of the right hip on 03-28-2015 with normal findings; an MRI of the left hip on 03-28-2015 which showed bilateral small joint effusion and subchondral cyst in the femoral head; electro-myography study on 06-08-2015 which showed no evidence of radiculopathy and left carpal tunnel syndrome; and electro diagnostic studies on 07-23-2015 of the upper and lower extremities with normal findings. The progress report dated 07-30-2015 indicates that the injured worker complained of lumbar spine pain with tingling and cramping. The low back pain was rated 7 out of 10. The injured worker also complained of left shoulder pain with tingling. The pain was rated 8 out of 10. The objective findings include decreased lumbar range of motion; tenderness to palpation of the lumbar paravertebral muscles; muscle spasm of the

lumbar paravertebral muscles; pain with Kemp's; positive straight leg raise on the left; decreased left shoulder range of motion; tenderness to palpation of the acromioclavicular joint, anterior shoulder, posterior shoulder, and supraspinatus; and muscle spasm of the anterior shoulder. The treatment plan included the distribution of Gabapentin, Pantoprazole, Cyclobenzaprine, Zolpidem, and topical medications. It was noted that a urine drug screen was performed on 07- 30-2015. The injured worker's work status was not indicated. The treating physician requested Cyclobenzaprine 7.5mg #90; Pantoprazole 20mg #30; Gabapentin 100mg #60; Zolpidem 10mg #30; Flurbiprofen 20%-Baclofen 5%-Dexamethasone 2%-Menthol 2%-Camphor 2%-Capsaicin 0.025% in cream base 30 grams; and Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5%- Hyaluronic acid 0.2% in cream base 30 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg, QTY: 90 (frequency of taking medication not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine is a skeletal muscle relaxant, and its side effects include drowsiness, urinary retention, and dry mouth. The medication is associated with drowsiness and dizziness. The guidelines indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some medications in this class may lead to dependence. The guidelines indicate, "treatment should be brief." The guidelines recommend Cyclobenzaprine for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The injured worker has been using Cyclobenzaprine since at least 06-25-2015. The request exceeds guideline recommendation. Therefore, the request for Cyclobenzaprine is not medically necessary.

Pantoprazole 20 mg, QTY: 30 (frequency of taking medication not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: This injured worker has been prescribed Naproxen, a non-steroidal anti-inflammatory medication (NSAID), and Pantoprazole, a proton pump inhibitor (PPI). The CA MTUS Chronic Pain Guidelines indicate that co-therapy with an NSAID and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for

gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker has been taking Pantoprazole since at least 03-19-2015. There is no documentation that the injured worker had any GI signs or symptoms. Therefore, the request for Pantoprazole is not medically necessary.

Gabapentin 100 mg, QTY: 60 (frequency of taking medication not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Anti-epilepsy drugs are recommended for neuropathic pain. One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The injured worker should be asked at each visit as to whether there has been a change in pain or function. The guidelines also indicate that Gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. Weaning and/or switching to another drug in this class should be done over the minimum of a week. There was documentation that the injured worker had low back pain and left shoulder pain with tingling. The injured worker has been taking Gabapentin since at least 07-30-2015. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Gabapentin is not medically necessary.

Zolpidem 10 mg, QTY: 30 (frequency of taking medication not specified): 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), Mental Illness & Stress.

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

Decision rationale: The CA MTUS Guidelines is silent on Ambien. The Non-MTUS Official Disability Guidelines indicate, "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." According the

guidelines, "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." The injured worker has been taking Zolpidem since at least 07-30-2015. The request exceeds guideline recommendation. Therefore, the request for Zolpidem is not medically necessary.

(HS) AGBH-Amitriptyline 10%, Gabapentin 10%, Bupivicaine 5%, Hyaluronic acid 0.2% in cream base, 30 grams per 72 hour supply given to patient from office (240 grams will be mailed to patients home), frequency of taking medication not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." There was no evidence of a trial of an antidepressant or anticonvulsant as first-line therapy. The requested compounded medication is a combination of Amitriptyline, Gabapentin, Bupivacaine, and Hyaluronic acid. Topical Gabapentin is not recommended by the guidelines, since there is no peer-reviewed literature to support its use. Amitriptyline is a tricyclic antidepressant. The guidelines indicate that Tricyclics are considered as a first-line agent for neuropathic pain unless they are ineffective, poorly tolerated, or contraindicated; however, the MTUS does not address the topical use of tricyclic antidepressants. Topical Gabapentin is not recommended by the guidelines, since there is no peer-reviewed literature to support its use. Bupivacaine is an amide local anesthetic, and lidocaine is in the same drug class. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Topical lidocaine other than Lidoderm is not recommended per the MTUS. The MTUS does not address the topical use of Hyaluronic acid. The guidelines indicate, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The treating physician's request did not include the quantity, site of application, or directions for use. As such, the prescription is not sufficient. Therefore, the request for Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5%-Hyaluronic acid 0.2% in cream base 30 grams is not medically necessary.

Compound FBD-Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base, 30 grams per 72 hour supply given to patient from office (240 grams will be mailed to patient's home), frequency of taking medication not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trails of antidepressants and anticonvulsants have failed. They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." There was no evidence of a trial of an antidepressant or anticonvulsant as first-line therapy. The compounded medication contains Flurbiprofen, a non-steroidal anti-inflammatory drug (NSAID), Baclofen, Dexamethasone, a corticosteroid, Menthol, Camphor, and Capsaicin. MTUS indicates that NSAIDs may be useful for chronic musculo-skeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to use topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. For neuropathic pain, topical NSAIDs are not recommended as there is no evidence to support use. Baclofen is not recommended by the guidelines. The MTUS does not address the topical use of corticosteroids. The MTUS guidelines do not address Menthol and Camphor. The guidelines state that Capsaicin is only recommended when other conventional treatments have failed. It was noted that the injured worker had failed conservative treatment measures of oral medications, activity modification, physical therapy, and prolonged rest. The guidelines recommend the 0.025% strength for the more common indications, such as osteoarthritis, fibromyalgia, non-specific back pain. According to the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The treating physician's request did not include the quantity, site of application, or directions for use. As such, the prescription is not sufficient. The request does not meet guideline recommendations. Therefore the request for Flurbiprofen 20%-Baclofen 5%-Dexamethasone 2%-Menthol 2%-Camphor 2%-Capsaicin 0.025% in cream base 30 grams. This request is not medically necessary.