

Case Number:	CM15-0167917		
Date Assigned:	09/08/2015	Date of Injury:	04/16/2015
Decision Date:	10/21/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/26/2015

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 34 year old male who sustained an industrial injury on 4-16-15 with current complaints of intermittent moderate 5 out of 10 sharp low back pain radiating into both legs with numbness and tingling. Diagnoses are lumbar radiculopathy and lumbar sprain-strain. Previous treatment includes medications, compounded creams, and an activities of daily living analysis and report. In a progress report dated 7-15-15, the treating physician notes lumbar spine range of motion is decreased and painful. There is tenderness to palpation and muscle spasm of the lumbar paravertebral muscles. Kemp's causes pain. Straight leg raise causes pain bilaterally and Lasegue's causes pain bilaterally at 65 degrees. Pain is associated with repetitive movement, lifting 10 pounds, repetitive sitting and standing, kneeling and stooping. Relief is obtained with medication and rest. Work status was to remain off work until 8-29-15. The treatment plan dated 6-24-15 is Protonix, Tramadol ER, Gabapentin, and compound topical creams. The IW was previously utilizing Norco. The requested treatment is Protonix 20mg #60, Tramadol ER 150mg #60, Flurbiprofen 20%-Baclofen 10%-Dexamethasone Micro 0.2%-Hyaluronic Acid 0.2% in a cream base, 240 grams and Amitriptyline Hydrochloride 10%-Gabapentin 10%-Bupivacaine Hydrochloride 5%-Hyaluronic Acid 0.2% in a cream base, 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs Proton Pump Inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastritis in high-risk patients. The risk factors include age greater than 60 years and past history of significant gastrointestinal disease such as GI bleed. The records did not indicate the presence of any of the stated risk factors. There is no documentation that the patient is utilizing oral NSAID medications. The patient did not fail treatment with first line proton pump inhibitors such as omeprazole. The criteria for the use of Ptononix 20mg #60 was not met. Therefore, the request was not medically necessary.

Tramadol ER 150mg #60: 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): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), NSAIDs (non-steroidal anti-inflammatory drugs), Opioids for chronic pain, Opioids, long-term assessment, Opioids, steps to avoid misuse/addiction, Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioid can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesics and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with sedative medications. the records did not show that the patient failed treatment with orally administered NSAIDs and non opioid co-analgesics. The guidelines recommend that chronic patient patients with psychosomatic symptoms be treated with orally administered anticonvulsant and antidepressant medications. There is no documentation of guidelines required compliance monitoring of serial UDS, absence of aberrant behavior, CURESS data reports of functional restoration. The criteria for the use of Tramadol ER 150mg #60 was not met. Therefore, the request was not medically necessary.

Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% in cream base 240 grams: 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): Medications for chronic pain, Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with orally administered first line medications. The guidelines recommend that topical medications be utilized individually for evaluation of efficacy. There is lack of guidelines support for the utilization of topical formulations of baclofen, dexamethazone or hyaluronic acid for the chronic treatment of musculoskeletal pain. The criteria for the use of flurbiprofen 20%/ baclofen 10% / dexamethazone 0.2% / hyaluronic acid 0.2% in cream base 240 grams was not met. Therefore, the request was not medically necessary.

Amitriptyline Hydrochloride 10%, Gabapentin 10%, Bupivacaine Hydrochloride 5%, Hyaluronic Acid 0.2% in cream base 240 grams: 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): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with orally administered first line medications. The guidelines recommend that topical medications be utilized individually for evaluation of efficacy. There is lack of guidelines support for the utilization of topical formulations of amitriptyline, gabapentin or bupivacaine, hyaluronic acid for the treatment of chronic musculoskeletal pain. The criteria for the use of amitriptyline HCL 10%/ gabapentin 10% / bupivacaine HCL 5% / hyaluronic acid 0.2% in cream base 240 grams was not met. Therefore, the request was not medically necessary.