

Case Number:	CM15-0168381		
Date Assigned:	09/09/2015	Date of Injury:	02/09/2015
Decision Date:	10/23/2015	UR Denial Date:	07/27/2015
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: 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 54 year old male, who sustained an industrial-work injury on 2-9-15. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain and sprain, knee sprain-strain, sciatica, muscle spasm of the back and lumbago. Medical records dated (2-21-15 to 7-15-15) indicate complaints of low back pain with stiffness and numbness that radiates to the left leg and foot, right shoulder pain and left knee pain. The pain is rated 5-7 out of 10 on the pain scale. The medical records also indicate worsening of the activities of daily living as the pain increases with activity. Per the treating physician report dated 3-27-15 the injured worker is to continue work without restrictions. The physical exam dated 7- 15-15 reveals that there is tenderness to palpation over the lumbar paravertebral muscles, there is muscle spasm and Kemp's test is positive. There is tenderness to palpation of the right anterior and posterior shoulder, and there is tenderness to palpation of the anterior, medial and posterior knee. The progress note dated 7-17-15 notes that the injured worker reports that the left knee pain is improving, right arm pain is improving but the low back pain continues with pain that radiates to the left leg and knee. Treatment to date has included pain medication for at least 5 months, diagnostics, pain management, massage, physical therapy, rest, acupuncture, hot and cold packs, back brace, and home exercise program (HEP). The treating physician indicates that the urine drug test result dated 7-15-15 was consistent with the medication prescribed. The original Utilization review dated 7-27-15 modified a request for Orphenadrine 100mg #90 modified to Orphenadrine 100 mg quantity of 60 to taper, Pantoprazole 20mg #60 was non certified as there is no active diagnosis of gastritis or use of

Nonsteroidal anti-inflammatory drug, Tramadol 150mg #60 was modified to Tramadol 150mg #30 for tapering, Zolpidem 10mg #30 was modified to Zolpidem 10mg #15 to taper the medication, Compound: HMPC2- Flurbiprofen 20%-Baclofen 10%-Dexamethasone Micro .2%-Hyaluronic Acid .2% in cream base was non certified as the use of topical baclofen is not recommended, compound: HNPC1- Amitriptyline HCL 10%-Gabapentin 10%-Bipivacaine HCL 5%-Hyaluronic Acid .2% in cream base was non certified as the topical use of gabapentin was not recommended and Urine toxicology screen and specimen collection & handling is non certified as the necessity for the opiate analgesic is not clearly established and therefore, urine toxicology screen is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg #90: Upheld

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

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

Decision rationale: According to the ODG, Norflex (Orphenadrine) is a muscle relaxant similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. According to CA MTUS guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory drugs (NSAIDs) alone, and are not recommended for the long-term use of chronic pain. In this case, there is no documentation contraindicating the use of NSAIDs for this patient. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested medication is not medically necessary.

Pantoprazole 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) PPIs.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or

high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints or NSAID use. Based on the available information provided for review, the medical necessity for Protonix has not been established. The requested medication is not medically necessary.

Tramadol 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Zolpidem 10mg #30: 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), Zolpidem (Ambien).

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, Insomnia treatment.

Decision rationale: Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks), and is rarely recommended for long-term use. Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. It can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential

causes of sleep disturbance. There is no documentation of the specific criteria for a sleep disorder, the indications for Zolpidem, the duration of use, or the results of use. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Compound: HMPC2-Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro .2%/Hyaluronic Acid .2% in cream base: 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: 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, muscle relaxants, 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. The requested topical analgesic compound for this patient contains: HMPC2-Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro .2%/Hyaluronic Acid .2% in cream base. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. Medical necessity for the requested topical compounded medication has not been established. The requested topical analgesic compound is not medically necessary.

Compound: HNPC1-Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic Acid .2% in cream base: 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: 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, muscle relaxants, 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. The requested topical analgesic compound for this

patient contains: HNPC1-Amitriptyline HCL 10%/Gabapentin 10%/Bipivacaine HCL 5%/ Hyaluronic Acid .2% in cream base. Gabapentin is not recommended as a topical agent per CA MTUS Guidelines, and there is no peer-reviewed literature to support its use. Medical necessity for the requested topical compounded medication has not been established. The requested topical analgesic compound is not medically necessary.

Urine toxicology screen and specimen collection & handling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/10926276>.

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

Decision rationale: According to CA MTUS, a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, Tramadol was not found to be medically necessary. Medical necessity for the requested testing has not been established. Therefore, the requested urine toxicology screening (with specimen collection and handling) is not medically necessary.