

Case Number:	CM15-0169322		
Date Assigned:	09/10/2015	Date of Injury:	04/22/2014
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 who sustained an industrial injury April 22, 2014. While standing on a ladder, he lost his balance, fell backwards, landing in a sitting position and then on his back and hitting the back of his head with a laundry cart. Past history included diabetes. Diagnoses are cervical disc displacement, radiculopathy upper extremity, and lumbar disc displacement. According to a primary treating physician's progress report, dated July 10, 2015, the injured worker presented with low back pain. He ambulates with a cane and his gait is antalgic. Most of the handwritten notes are difficult to decipher. There is tenderness to palpation and spasm of the cervical spine and tenderness to palpation L3-L5. Treatment plan included pain management, continue with physical therapy, and at issue, a request for authorization for Omeprazole; Acetaminophen-Codeine; Flurbiprofen-Lidocaine-Menthol-Camphor; Naproxen; Gabapentin-Acetyl-L-Carnitine; Cyclobenzaprine-Gabapentin-Lidocaine-Capsaicin; and a urine drug screen. Electrodiagnostic studies performed February 6, 2015, (full report present in the medical record) revealed evidence of chronic bilateral L5 (and possibly L4) radiculopathy. According to utilization review performed August 19, 2015, the request for Omeprazole DR 20mg #60; Acetaminophen-Codeine 300mg-30mg #60; Naproxen Sodium 550 mg #60; Flurbiprofen 20%, Lidocaine 5% Menthol 15 % Camphor 1%; Gabapentin 550mg- Acetyl-L-Carnitine 75mg; Cyclobenzaprine 10% Gabapentin 5 % Lidocaine 5% Capsaicin 0,025%; urine drug screening are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR (delayed release) 20 mg Qty 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 rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole DR (delayed release) 20 mg Qty 60 is not medically necessary.

Acetaminophen/Codeine 300/30 mg Qty 60: Overturned

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 rationale: The Chronic Pain Medical Treatment Guidelines state that codeine is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. I am reversing the previous UR decision. Acetaminophen/Codeine 300/30 mg Qty 60 is medically necessary.

Flurbiprofen 20%, Lidocaine 5%, Menthol 5%, Camphor 1%, (qty 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: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen 20%, Lidocaine 5%, Menthol 5%, Camphor 1%, (qty not specified) is not medically necessary.

Gabapentin 550 mg/ Acetyl-L-Carnitine 75 mg, (qty not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Gabapentin 550 mg/ Acetyl-L-Carnitine 75 mg, (qty not specified) is not medically necessary.

Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025%, (qty 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: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025%, (qty not specified) is not medically necessary.

Urine drug screening: 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): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine drug screen is not medically necessary.

