

Case Number:	CM15-0188301		
Date Assigned:	09/30/2015	Date of Injury:	10/23/2004
Decision Date:	12/14/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 43 year old female, who sustained an industrial injury on 10-23-2004. The injured worker was being treated for thoracic or lumbosacral neuritis or radiculitis unspecified, nonallopathic lesions of sacral region not elsewhere classified, lumbago, history of left quadratus lumborum strain, chronic lower back pain, and parasthesias. On 5-14-2015, the injured worker presented for follow-up of a recent left quadratus lumborum flare-up. The treating physician noted the injured worker was no longer taking Norco because of the pain creams and she was able to do more repetitive bending and her activities of daily living because of the pain creams. On 8-13-2015, the injured worker presented for a check of her pain medications. The injured worker reported nausea due to pain management medications. The physical exam (5-14-2015 and 8-13-2015) revealed minimal tenderness of the paraspinals at L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1), normal pelvic flexion and extension, and dorsiflexion and plantar flexion strength was 5 out of 5. The sensation of the L4-5 and L5-S1 paraspinals was normal. Diagnostic studies were not included in the provided medical records. Treatment has included a home exercise program, icing, and medications including oral pain, topical pain (Cyclobenzaprine-Neurontin and Ibuprofen-based cream since at least 5-2015), muscle relaxant (Flexeril), proton pump inhibitor (Prilosec), and sleep (Lunesta). Per the treating physician (8-13-2015 report), the injured worker's work status was modified and included no bending, lifting, or carrying over 10 pounds. On 9-2-2015, the requested treatments included Cyclobenzaprine 7.5mg quantity 60, Omeprazole 20mg quantity 60, Eszopiclone 2mg quantity 60, and

Compound cream #1 consisting of Cyclobenzaprine 10%, Gabapentin 10% and Flurbiprofen 20%. On 9-10- 2015, the original utilization review modified a request for Eszopiclone 2mg quantity 60 and non-certified requests for Cyclobenzaprine 7.5mg quantity 60, Omeprazole 20mg quantity 60, and Compound cream #1 consisting of Cyclobenzaprine 10%, Gabapentin 10% and Flurbiprofen 20%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg quantity 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: MTUS 2009 does not support the long-term use of muscle relaxants such as cyclobenzaprine. In this case, the patient continues with significant physical limitations in the absence of significant pathology. This request for ongoing cyclobenzaprine use does not adhere to evidence-based guidelines and is not medically necessary.

Omeprazole 20mg quantity 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS 2009 states that proton pump inhibitors such as omeprazole can be used to treat medication induced gastritis. The medical record describes the patient experiencing medication induced gastritis which resolves with the use of omeprazole. This request for omeprazole is medically necessary.

Eszopiclone 2mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Sleeping Medications.

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

Decision rationale: ODG recommends against the long term use of sedative hypnotic agents to treat insomnia. The recommendations are based on the etiology of the sleep disorder. Presumably, this patient cannot sleep well because of pain.. The appropriate strategy to improve sleep would therefore be better pain control. The current analgesic regimen is not effective. The patient continues to have significant functional limitations while using the sedative hypnotic. Essopiclone is not medically necessary based on its lack of efficacy and the lack of support from evidence-based guidelines such as ODG.

Compound cream #1 consisting of Cyclobenzaprine 10%, Gabapentin 10% and Flurbiprofen 20%: 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: MTUS in 2009 recommends against the use of compounded topical agents. In this case, the patient reportedly uses less oral medications due to the topical agent. However, the patient continues with significant physical limitations while under the current analgesic regimen. MTUS 2009 specifically recommends against topical compounded agents containing muscle relaxants and gabapentin. This request for compounded cream is not medically necessary.