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| Case Number: | CM15-0199523 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 11/03/2013 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 09/11/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

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 22 year old female, who sustained an industrial-work injury on 11-13-13. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain and sprain, lumbar radiculopathy, cervical strain and sprain and cervical radiculopathy. Medical records dated (3-23-15 to 8-31-15) indicate that the injured worker complains of aching neck pain, upper and mid back pain and low back pain that radiates to the legs. The pain is rated 5-6 out of 10 on the pain scale without medication and the pain is rated 2 out of 10 with use of medications. This has been unchanged. There is no documentation of gastrointestinal complaints. Per the treating physician report dated 5-29-15, the injured worker has not returned to work. The physical exam dated 8-31-15 reveals cervical tenderness in the bilateral trapezii and cervical paravertebral muscles, muscle spasm, and shoulder depression causes pain. There us tenderness of the thoracic spine, decreased lumbar range of motion with pain, tenderness in the bilateral sacroiliac joints, muscle spasm of the lumbar paravertebral muscles, and straight leg raise causes pain. Treatment to date has included pain medication, Naproxen, Diclofenac since at least 6-25-15, Pantoprazole since at least 3-23-15, compounded creams since at least 3-23-15, rest, physical therapy, pain management, home exercise program (HEP) and acupuncture. The requested services included Pantoprazole 20mg #60, Flurbiprofen 2%, Baclofen 10%, Dexamethasone 1%, Panthenol 0.5% 240g cream, Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, 240g cream, Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, 240g cream, and Diclofenac 100mg #60. The original Utilization review dated 9-11-15 non-certified- the request for Pantoprazole 20mg #60, Flurbiprofen 2%, Baclofen 10%, Dexamethasone 1%, Panthenol 0.5% 240g cream, Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, 240g cream, Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, 240g cream, and Diclofenac 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

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

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 (PPIs), 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. In addition, Diclofenac was not found to be medically necessary. Therefore, the medical necessity for Pantoprazole has not been established. The requested medication is not medically necessary.

Flurbiprofen 2%, Baclofen 10%, Dexamethasone 1%, Panthenol 0.5% 240g cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: According to the California MTUS Guidelines, 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. In this case, the requested topical agent contains: Flurbiprofen 2%, Baclofen 10%, Dexamethasone 1%, and Panthenol 0.5%. There is no documentation of intolerance to other previous medications. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Medical necessity for the requested compounded topical analgesic has not been established. The requested treatment is not medically necessary.

Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, 240g cream: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, 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. In this case, the requested topical agent contains: Amitriptyline 10%, Gabapentin 10%, and Bupivacaine 5%. Gabapentin is not recommended as a topical agent per CA MTUS Guidelines. There is no peer-reviewed literature to support its use. Medical necessity for the requested topical analgesic compounded cream has not been established. The request for the topical analgesic cream is not medically necessary.

Diclofenac 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: According to California MTUS Guidelines, oral NSAIDs, such as Diclofenac, are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to the ODG, there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. In this case, there is no documentation of functional benefit in the past. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.