

Case Number:	CM15-0206876		
Date Assigned:	10/23/2015	Date of Injury:	04/15/2004
Decision Date:	12/31/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/20/2015

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: Emergency 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 63 year old female, who sustained an industrial injury on 4-15-04. Medical records indicate that the injured worker is undergoing treatment for back pain unspecified, sciatica unspecified, gastritis, hypertension and nonorganic sleep disorder. The injured worker is currently not working. On (9-16-15) the injured worker was noted to be off non-steroidal anti-inflammatory drugs with improved gastrointestinal symptoms. Ondansetron was noted to be working for her vertigo. The injured worker reported back pain. Examination of the back was not provided. Documented treatment to date has included medications and topical creams. Current medications include Vicodin, Hyzaar, Omeprazole, Losartan, Nizatidine, Ondansetron, Hypertensa and topical creams. The Request for Authorization dated 9-23-15, included requests for a urine drug screen with on-site collection and off-site confirmatory analysis using high complexity laboratory test protocols including GC-MS, LC-MS and Elisa technology #1, Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in salt stable LS base, Gabapentin 15%, Cyclobenzaprine 2%, Amitriptyline 10% in salt stable LS base, Nizatidine 150mg #60 (3 bottles dispensed in office) and Ondansetron 8mg #10 (6 boxes dispensed in office). The Utilization Review documentation dated 10-6-15, non-certified the requests for a urine drug screen with on-site collection and off-site confirmatory analysis using high complexity laboratory test protocols including GC-MS, LC-MS and Elisa technology #1, Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in salt stable LS base, Gabapentin 15%, Cyclobenzaprine 2%, Amitriptyline 10% in salt stable LS base, Nizatidine 150mg #60 (3 bottles dispensed in office) and Ondansetron 8mg #10 (6 boxes dispensed in office).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%, Cyclobenzaprine 2%, Amitriptyline 10% in salt stable LS base: 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: The request is for a compounded topical medication including Gabapentin, Cyclobenzaprine and Amitriptyline with diagnosis of chronic back pain and sciatica. The MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded medication that contains at least one drug that is not recommended is not recommended. In this case, the use of Gabapentin topically is not guideline-supported. This is secondary to no peer-reviewed literature to support its use. As such, the use of Gabapentin/Cyclobenzaprine/Amitriptyline topically is not medically necessary.

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in salt stable LS base: 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: The request is for a compounded topical medication including Flurbiprofen, Baclofen and Dexamethasone with diagnosis of chronic back pain and sciatica. The MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded medication that contains at least one drug that is not recommended is not recommended. In this case, the use of Baclofen topically is not guideline-supported. This is secondary to no peer-reviewed literature to support its use. As such, the use of Flurbiprofen/Baclofen/Dexamethasone topically is not medically necessary.

Ondansetron 8mg #10 (6 boxes dispensed in office): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Antiemetics (for opioid nausea).

Decision rationale: The request is for the use of Zofran with diagnosis of chronic back pain, sciatica, gastritis, hypertension, and sleep disorder. The MTUS and ACOEM guidelines are silent regarding this topic. The ODG guidelines state that this medication is not recommended for nausea and vomiting secondary to chronic opioid use. Research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies should not be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea for chronic non-malignant pain. In this case, the use of Zofran is not guideline-supported. There is no approved indication seen in the documentation including vertigo. As such, the use of Zofran is not medically necessary.

Nizatidine 150mg #60 (3 bottles dispensed in office): 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The request is for the use of Nizatidine with diagnosis including chronic back pain, sciatica and gastritis. The MTUS guidelines state that clinicians should weight the indications for NSAIDs against GI and cardiovascular risk factors. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease would benefit from a proton pump inhibitor if on a non-selective NSAID. Risk is determined by an age of greater than 65, a history peptic ulcer or GI bleeding, concurrent use of aspirin or corticosteroids, or patients on high dose/ multiple NSAIDs. In this case, the patient is already on the proton-pump inhibitor omeprazole and the need for an H2 blocker as well is unclear. As such, the request for the use of Nizatidine is not medically necessary.

1 Urine drug screen with on site collection/off site confirmatory analysis using high complexity laboratory test protocols including GC/MS, LC/MS and Elisa technology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request is for a drug screen with diagnosis including chronic back pain and sciatica. The MTUS guidelines under the section on-going management of opioids advises drug screen testing for patients with abuse, addiction or poor pain control. In this case, drug testing is not guideline-supported. This is secondary to the patient not currently taking opioid medication and no documentation revealing abuse potential. As such, the request for a drug screen is not medically necessary.