

Case Number:	CM15-0029170		
Date Assigned:	02/23/2015	Date of Injury:	11/19/2013
Decision Date:	04/09/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/17/2015

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

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 35 year old male with an industrial injury dated 11/19/2013. His diagnoses include lumbar radiculopathy, lumbar strain/sprain, and insomnia. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care and medications. In a progress note dated 01/05/2015, the treating physician reports lumbar spine pain radiating to the lower extremities with a pain rating of 7/10 without medications and 6/10 with medications, and loss of sleep. The objective examination revealed tenderness and spasms in the lumbar area and decreased range of motion. The treating physician is requesting multiple oral and topical medications, which were denied by the utilization review. On 01/20/2015, Utilization Review non-certified a prescription for Naproxen 550mg (no quantity), noting that the request failed to provide requested quantity, frequency and duration of this medication to establish medical necessity. The MTUS Guidelines were cited. On 01/20/2015, Utilization Review non-certified a prescription for omeprazole 20mg (no quantity), noting that the request failed to provide requested quantity, frequency and duration of this medication to establish medical necessity. The MTUS Guidelines were cited. On 01/20/2015, Utilization Review non-certified a prescription for flurbiprofen, baclofen, dexamethasone, menthol, camphor, capsaicin and hyaluronic acid compound medication (no quantity), noting that more than one of the included medications is not recommended. The MTUS Guidelines were cited. On 01/20/2015, Utilization Review non-certified a prescription for gabapentin, amitriptyline, bupivacaine and hyaluronic acid compound medication (no quantity), noting that more than one of the included medications is not recommended. The MTUS Guidelines were cited. On

02/17/2015, the injured worker submitted an application for IMR for review of Naproxen 550mg, omeprazole 20mg, flurbiprofen, baclofen, dexamethasone, menthol, camphor, capsaicin and hyaluronic acid compound medication, and gabapentin, amitriptyline, bupivacaine and hyaluronic acid compound medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: Based on the 01/05/15 progress report, the patient presents with lumbar spine pain radiating to the lower extremities with a pain rating of 7/10 without medications and 6/10 with medications, and loss of sleep. The request is for NAPROXEN 550MG. Patient's diagnoses per RFA dated 01/05/15 included Lumbar radiculopathy, Lumbar sprain/strain and Insomnia. Physical examination revealed tenderness and spasms in the lumbar area and decreased range of motion. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS pg 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, only one report dated 1/5/15 was provided. While the patient presents with low back pain for which oral NSAIDs are supported, the treater does not provide adequate documentation regarding its efficacy. The patient's pain appears to be improved by only one scale point from 0 to 10, going from 7/10 to 6/10 with medication. This is not a significant improvement to warrant continued use of any medication. Functional improvement has not been discussed either. The request IS NOT medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: Based on the 01/05/15 progress report, the patient presents with lumbar spine pain radiating to the lower extremities with a pain rating of 7/10 without medications and 6/10 with medications, and loss of sleep. The request is for OMEPRAZOLE 20MG. Patient's

diagnoses per RFA dated 01/05/15 included Lumbar radiculopathy, Lumbar sprain/strain and Insomnia. Physical examination revealed tenderness and spasms in the lumbar area and decreased range of motion. Patient is temporarily totally disabled. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, only one report was provided. There is no documentation of any GI complaints. There is no GI risk assessment provided to warrant prophylactic use of PPI. MTUS does not support routine use of PPI's without these documentations. The request IS NOT medically necessary.

Compound-Flurbiprofen, baciofen, dexamethasone, menthol, camphor, capsaicin, hyaluronic acid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded product Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic.

Decision rationale: Based on the 01/05/15 progress report, the patient presents with lumbar spine pain radiating to the lower extremities with a pain rating of 7/10 without medications and 6/10 with medications, and loss of sleep. The request is for COMPOUND- FLURBIPROFEN, BACLOFEN, DEXAMETHASONE, MENTHOL, CAMPHOR, CAPSAICIN, HYALURONIC ACID. Patient's diagnoses included Lumbar radiculopathy, Lumbar sprain/strain and Insomnia. Physical examination revealed tenderness and spasms in the lumbar area and decreased range of motion. Patient is temporarily totally disabled. MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. MTUS also states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent

and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. See Duragesic (fentanyl transdermal system).] Treater has not provided a reason for request. Topical NSAIDs are not indicated for spinal, shoulder conditions, which the patient also presents with. MTUS guidelines state, "there is no peer review literature to support the use of topical baclofen" and "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request IS NOT medically necessary.

Compound-gabapentin, amitriptyline, bupivacaine, hyaluronic acid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded product Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: Based on the 01/05/15 progress report, the patient presents with lumbar spine pain radiating to the lower extremities with a pain rating of 7/10 without medications and 6/10 with medications, and loss of sleep. The request is for COMPOUND- GABAPENTIN, AMITRIPTYLINE, BUPIVACAINE, HYALURONIC ACID. Patient's diagnoses included Lumbar radiculopathy, Lumbar sprain/strain and Insomnia. Physical examination revealed tenderness and spasms in the lumbar area and decreased range of motion. Patient is temporarily totally disabled. MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other antiepilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen. Treater has not provided a reason for request. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form. Therefore, the request IS NOT medically necessary.