

Case Number:	CM15-0029417		
Date Assigned:	02/23/2015	Date of Injury:	04/01/2013
Decision Date:	04/10/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/18/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 50 year-old male who has reported widespread pain after an injury on April 1, 2013. The injury is listed as cumulative, from sitting in a cubicle. The diagnoses have included cervical sprain/strain, lumbar sprain/strain, right shoulder sprain/strain, left shoulder sprain/strain, right carpal tunnel syndrome and left carpal tunnel syndrome. Treatment to date has included topical and oral medications, and physical therapy. There are periodic treating physician reports from 2014-2015. These reports describe ongoing pain in neck, back, shoulder, and wrists. There is spasm, tenderness, limited range of motion, and some positive provocative signs. There is ongoing prescribing of the medications now under Independent Medical Review, with no specific rationale, indications, and results for any specific medication. There is no discussion of function. The reports are stereotyped and have much the same information from report to report. The treating physician is listed as an MD, with no specialty listed. The treatment plans include 'RPT, CMT, and acupuncture', pain management, and 'temporarily totally disabled' work status. Urine drug screen were performed every 2 months, with no specific results or methodology listed. Per the PR2 of January 7, 2015, there was ongoing multifocal pain, tenderness, and limited range of motion in the cervical spine, lumbar spine, shoulders, and wrists. The findings and treatment plan were the same as those in prior reports, and included the items now under Independent Medical Review. Lidoderm was prescribed. From the Request for Authorization, it is not clear if the treating physician is attempting to bill for seeing the patient as a 'medication consultation' or if there is a request for a referral to accomplish this. There is no discussion in the PR2 of any medication referral, and no evidence for any unusual medication

issues. On January 16, 2015 Utilization Review non-certified Prilosec, Norflex, medication consultation, compound GCB (gabapentin 10% cycloenzuprine 6% bupivacaine) 30gms dispensed in office, 240 grams to be mailed; compound FBD (Flurbiprofen 20% baclofen 5% dexamethasone 2% capsaicin 0.025%) 30 grams dispensed in office and 240 grams to be mailed and a urine toxicology screen and confirmation. The MTUS and the Official Disability Guidelines were cited. Prior Utilization Reviews on 9/22/14, 11/24/14, and 12/29/14 had non-certified the same requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Approach to medications for chronic pain Page(s): 7-8.

Decision rationale: As noted above, it is not clear exactly what is requested with respect to 'medication management' or 'medication consultation'. If the treating physician is making a request for his own routine office visits to be classified as something other than follow-up office visits, this is a billing issue. If the treating physician is referring the injured worker for a consultation regarding medications, the treating physician has not provided sufficient details as to medical necessity. The physician is an MD and should be able to prescribe the medications, which he already prescribes. The MTUS citation above discusses the approach to prescribing medications and if the treating physician has some difficulty with this or requires consultation for complex pain issues, that has not yet been described. As it stands now with the available records, there is no apparent medical necessity for a consultation in order to continue prescribing medications for the non-specific pain present in this injured worker.

Protonix 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. Co-therapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case, and the only NSAID is topical. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and

hypomagnesemia in patients on proton pump inhibitors. This proton pump inhibitor (PPI) is not medically necessary based on lack of medical necessity and risk of toxicity.

Norflex 100 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months at minimum. The quantity prescribed implies long-term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. No reports discuss the results of using this medication. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Urine toxicology screen and confirmation specimen collection and handling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction. Urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Opioid contracts: (9) Urine drug screens may be required Opioids, steps to avoid misuse/addiction: c) Frequent random urine toxicology screens Page(s): 77-80, 94,43, 77,78. 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use.

Decision rationale: Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed. The treating physician has not listed any other reasons to do the urine drug screen. There is therefore no established medical necessity for any drug testing. No results were given for any of the prior urine drug screens. The details of testing have not been provided. It is not clear what will be tested and with what methodology. Given that the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program, and that there are outstanding questions regarding the testing process, the urine drug screen is not medically necessary.

Compound GCB, Gabapentin 10% Cyclobenzaprine 6% Bupivacaine in cream base; 30 grams dispensed in office 240 grams to be mailed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain: Topical Medications Page(s): 60,11-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical analgesic Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical bupivacaine has no indication for chronic pain in general, and is one of the topical anesthetics the FDA warns against using in compounded medications. Per the MTUS citation, there is no good evidence in support of topical gabapentin or muscle relaxants; these agents are not recommended. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, lack of medical evidence, and lack of FDA approval.

Compound FBD, flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol, camphor 2%, capsaicin 0.025% in cream base, 30 grams dispensed in office, 240grams to be mailed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain: Topical Medications Page(s): 60,11-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. Two muscle relaxants (baclofen and Norflex) were dispensed simultaneously, which is duplicative, unnecessary, and potentially toxic. Flurbiprofen is a nonsteroidal anti-inflammatory agent (NSAID). The treating physician did not provide any indications or body part intended for this NSAID. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. The treating physician provided no indications for a topical steroid. There is a long and varied list of indications for topical steroids but the treating physician has not provided those indications. The topical agents prescribed are not medically necessary based on the MTUS and the ODG, lack of specific indication, and lack of medical evidence.