MAXIMUS Federal Services

Case Number:	CM15-0212818		
Date Assigned:	11/02/2015	Date of Injury:	06/01/2007
Decision Date:	12/14/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/29/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 60 year old female, who sustained an industrial injury on 06-01-2007. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, and chronic pain related depression. Treatment and diagnostics to date has included analgesic injections, urine drug screens, and medications. Recent medications have included Subutex, Butrans, Gabadone, Trazodone, Anaprox DS, Sentra AM, Percura, Fluoroflex ointment, Multivitamin, Prilosec, Metoprolol, Benadryl, Paxil, Clonazepam, Ativan, Abilify, and Elavil.Subjective data (09-09-2015), included low back pain, right arm pain, not sleeping well, and frontal headaches. Objective findings (09-09-2015) included urine drug screen dated 03-31-2015 positive for Buprenorphine and Benzodiazepines per progress note. The request for authorization dated 09-09-2015 requested urine drug screen, migraine transdermal ointment (Sumatriptan 10%, Apomorphine 0,2%, Cyclobenzaprine 2%, Baclofen 2%, Ondansetron 1%, Bupivacaine 5%) apply topically three times daily #240gm, compound transdermal ointment (Flurbiprofen 20, Baclofen 10%, Dexamethasone 2%, Cyclobenzaprine 2%), Butrans, Anaprox DS, Sentra AM, Sentra PM, Percura, Multivitamin, Prilosec, Metoprolol, Elavil, and Hypertensa. The Utilization Review with a decision date of 10-14-2015 non-certified the request for migraine transdermal ointment (Sumatriptan 10%, Apomorphine 0,2%, Cyclobenzaprine 2%, Baclofen 2%, Ondansetron 1%, Bupivacaine 5%), Quantity: 240gm, Valium 10mg #30, and outpatient trigger point injections (TPI) from L2-S1 on right x 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Migraine transdermal ointment (Sumatriptan 10%, Apomorphine 0.2%, Cyclobenzaprine 2% Baclofen 2%, Ondansetron 1%, Bupivacine 5%) Qty: 240gm: 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: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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." According to CA MTUS guidelines the use of topical baclofen is "not recommended. There is no peer-reviewed literature to support the use of topical baclofen." According to CA MTUS guidelines "there is no evidence for use of any other muscle relaxant as a topical product." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Valium 10mg Qty: 30: Upheld

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

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

Decision rationale: According to the CA Chronic Pain Medical Treatment Guidelines, page 24, Benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case there is no rational from the exam note of 9/9/15 why Valium is required. Therefore the request for Valium is not medically necessary and is not medically necessary.

Outpatient trigger point injections (TPI) from L2-S1 on right times eight (8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 defines a trigger point as "a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination." The guidelines continue to define the indications for trigger point injections which are as follows: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain or fibromyalgia. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended." CA MTUS guidelines state that trigger point injections are not indicated for radicular pain, fibromyalgia, typical back pain or typical neck pain. In this case the exam notes from 9/9/15 does not show a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. This patient has radicular pain. Therefore the determination is not medically necessary.