

Case Number:	CM15-0030432		
Date Assigned:	02/24/2015	Date of Injury:	10/02/2014
Decision Date:	04/09/2015	UR Denial Date:	02/10/2015
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: 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 year old male injured worker suffered and industrial injury on 10/2/2014. The diagnoses were sprain of neck, thoracic region and lumbar region. The diagnostic studies were x-rays. The treatments were medications. The treating provider reported neck pain and thoracolumbar pain with tenderness over the thoracic and lumbar spine. The Utilization Review Determination on 2/10/2014 non-certified: 1. Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in cream base 240 grams, MTUS 2. Gabapentin 105, Amitriptyline 10%, Bupivacaine 5% in cream base 240 grams, MTUS 3. Omeprazole 20mg #30, MTUS 4. Cyclobenzaprine 550mg #60, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in cream base 240 grams: Upheld

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

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

Decision rationale: The patient presents with pain in his neck and the mid-back. The request is for flurbiprofen 20%, baclofen 10%, and dexamethasone 2% in cream base 240 grams. Physical examination on 12/31/14 to the thoracolumbar spine revealed tenderness to palpation over the paravertebral muscles bilaterally, more on the left. Per 10/21/14 progress report, patient's diagnosis include sprain/strain: cervical, sprain/strain: lumbar and sprain/strain: thoracic. Patient's X-rays on 10/07/14 showed no acute changes in the cervical spine, subtle spondylosis with no acute changes in the lumbar spine and no acute changes in the thoracic spine. Patient has had chiropractic treatments with benefits. Per 12/03/14 progress report, patient's medications include Etodolac, Cyclobenzaprine and Acetaminophen. Per 12/31/14 progress report, patient is to return to work with restrictions. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal ant 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." MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater has not provided a reason for the request. In this case, it appears that the Flurbiprofen portion of compounded cream would be indicated for patient's neck and mid-back pain according to MTUS. However, 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 Baclofen, which is not supported for topical use by guidelines. Therefore, the request is not medically necessary.

Gabapentin 105, Amitriptyline 10%, Bupivacaine 5% in cream base 240 grams: Upheld

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

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

Decision rationale: The patient presents with pain in his neck and the mid-back. The request is for gabapentin 10%, amitriptyline 10%, and bupivacaine 5% in cream base 240 grams. Physical examination on 12/31/14 to the thoracolumbar spine revealed tenderness to palpation over the paravertebral muscles bilaterally, more on the left. Per 10/21/14 progress report, patient's diagnosis include sprain/strain: cervical, sprain/strain: lumbar and sprain/strain: thoracic. Patient's X-rays on 10/07/14 showed no acute changes in the cervical spine, subtle spondylosis with no acute changes in the lumbar spine and no acute changes in the thoracic spine. Patient has had chiropractic treatments with benefits. Per 12/03/14 progress report, patient's medications include Etodolac, Cyclobenzaprine and Acetaminophen. Per 12/31/14 progress report, patient is to return to work with restrictions. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies

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Omeprazole 20mg #30: 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): 69.

Decision rationale: The patient presents with pain in his neck and the mid-back. The request is for omeprazole 20 mg # 30. Physical examination on 12/31/14 to the thoracolumbar spine revealed tenderness to palpation over the paravertebral muscles bilaterally, more on the left. Per 10/21/14 progress report, patient's diagnosis include sprain/strain: cervical, sprain/strain: lumbar and sprain/strain: thoracic. Patient's X-rays on 10/07/14 showed no acute changes in the cervical spine, subtle spondylosis with no acute changes in the lumbar spine and no acute changes in the thoracic spine. Patient has had chiropractic treatments with benefits. Per 12/03/14 progress report, patient's medications include Etodolac, Cyclobenzaprine and Acetaminophen. Per 12/31/14 progress report, patient is to return to work with restrictions. 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." Treater does not provide a reason for the request. Patient has received prescriptions for Omeprazole on 10/21/14, 10/24/14, and 11/25/14. However, in review of the medical records provided, the treater does not specifically discuss any GI symptoms. Patient has been prescribed an NSAID (Nabumetone) on 12/07/14, 12/21/14 and 12/31/14. While PPI's such as Omeprazole are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or other subjective complaints which would support continued use of this medication. Therefore, this request is not medically necessary.

Cyclobenzaprine 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain in his neck and the mid-back. The request is for cyclobenzaprine 5 mg # 60. Physical examination on 12/31/14 to the thoracolumbar spine revealed tenderness to palpation over the paravertebral muscles bilaterally, more on the left. Per 10/21/14 progress report, patient's diagnosis include sprain/strain - cervical, sprain/strain - lumbar and sprain/strain - thoracic. Patient's X-rays on 10/07/14 showed no acute changes in the cervical spine, subtle spondylosis with no acute changes in the lumbar spine and no acute changes in the thoracic spine. Patient has had chiropractic treatments with benefits. Per 12/03/14 progress report, patient's medications include Etodolac, Cyclobenzaprine and Acetaminophen. Per 12/31/14 progress report, patient is to return to work with restrictions. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, treater does not provide a reason for the request. Patient has been prescribed Cyclobenzaprine per progress reports dated 11/25/14 and 12/31/14. MTUS recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for Cyclobenzaprine #60 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.