

Case Number:	CM15-0032508		
Date Assigned:	02/26/2015	Date of Injury:	04/11/2008
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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, Indiana, New York
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 46 year old male, who sustained an industrial injury on April 11, 2008. The injured worker has reported a neck injury. The diagnoses have included degeneration of the cervical intervertebral disc, cervicalgia, intervertebral disc disorder with myelopathy, cervical radiculopathy and brachial neuritis or radiculitis. Treatment to date has included pain medications, cervical collar, topical analgesics, psychological evaluation and cervical spine surgery. Current documentation dated January 12, 2015 notes that the injured worker complained residual neck pain, especially with sudden movements of the neck. The injured worker work status post a cervical fusion. Physical examination of the cervical spine revealed tenderness to palpation in the paraspinal musculature. Full range of motion was noted. Spurling's sign was negative. On January 23, 2015 Utilization Review non-certified a request for Fexmid 7.5 mg # 120, Nalfon 400 mg # 90, Prilosec 20 mg # 90, Ultram ER 150 mg # 90, Norco 10/325 mg # 120, Paxil 20 mg # 60, Flurbiprofen 25 percent, Menthol 10 percent, Camphor 3 percent and Capsaicin .0375 percent Topical Cream 30 Gram and 120 Gram. The Official Disability Guidelines and Non- MTUS, ACOEM Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 MG 1 Tab By Mouth BID Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fexmid (Flexeril) 7.5 mg one PO b.i.d. #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical discopathy with this displacement and myelopathy, status post cervical fusion; and cervical radiculopathy. Subjectively, the injured worker states his neck pain has improved but still has some residual pain (according to a January 12, 2015 progress note). The injured worker complains of tightness in the right side of his neck and is feeling depressed mainly due to his financial situation. Objectively, the worker has tenderness the palpation in the cervical paraspinal musculature. There is full range of motion. Neurologic evaluation is unremarkable. Flexeril was prescribed on January 12, 2015. The treating physician indicated this medicine was prescribed to "reduce and aid in resolving the patient's symptoms and signs". There is no specific clinical indication or rationale documented in medical record. Physical examination was unremarkable in terms of muscle spasm. Additionally, Flexeril is indicated for short-term (less than two weeks) use. The treating physician prescribed #120 Flexeril tablets. Consequently, absent compelling clinical documentation with objective functional improvement and a specific clinical indication and rationale for Flexeril in excess of the recommended guidelines, Fexmid 7.5 mg one PO b.i.d. #120 is not medically necessary.

Nalfon 400 MG Cap Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nalfon 400 mg #90 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical discopathy with this displacement and myelopathy, status post cervical fusion; and cervical radiculopathy. Subjectively, the injured worker states his neck pain has improved but still has some residual pain (according to a January 12, 2015 progress note). The injured worker complains of tightness in the right side of his neck and is feeling depressed mainly due to his financial situation. Objectively, the worker has tenderness the palpation in the cervical paraspinal musculature. There is full range of motion. Neurologic evaluation is

unremarkable. Nalfon was last prescribed on October 3, 2014. The documentation is unclear as to whether this was a start date or refill. There is no specific clinical indication for the ongoing use of Nalfon in the medical record. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There was no documentation with evidence of objective functional improvement. Consequently, absent clinical documentation with evidence of objective functional improvement with a specific clinical indication or rationale for its ongoing use, Nalfon 400 mg #90 is not medically necessary.

Prilosec 20 MG 1 Cap By Mouth BID Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg b.i.d. #90 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are cervical discopathy with this displacement and myelopathy, status post cervical fusion; and cervical radiculopathy. Subjectively, the injured worker states his neck pain has improved but still has some residual pain (according to a January 12, 2015 progress note). The injured worker complains of tightness in the right side of his neck and is feeling depressed mainly due to his financial situation. Objectively, the worker has tenderness on palpation in the cervical paraspinal musculature. There is full range of motion. Neurologic evaluation is unremarkable. There are no comorbid conditions or past medical history compatible with risk factors for gastrointestinal events. There is no history of peptic ulcer disease, G.I. bleeding or concurrent use of aspirin, etc. Consequently, absent clinical documentation with risk factors for Prilosec (proton pump inhibitors), Prilosec 20 mg b.i.d. #90 is not medically necessary.

Ultram ER 150 MG 1 Cap Once Daily Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram ER 150 mg one tablet PO QD #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical discopathy with this displacement and myelopathy, status post cervical fusion; and cervical radiculopathy. Subjectively, the injured worker states his neck pain has improved but still has some residual pain (according to a January 12, 2015 progress note). The injured worker complains of tightness in the right side of his neck and is feeling depressed mainly due to his financial situation. Objectively, the worker has tenderness the palpation in the cervical paraspinal musculature. There is full range of motion. Neurologic evaluation is unremarkable. Ultram was last prescribed October 3, 2014. It is unclear whether this is a start date or refill. There is no clear clinical indication for its use in the medical record. The treating physician provides an indication stating these medications will reduce and aid in resolving the patient's symptoms and signs. The medical record does not contain evidence of objective functional improvement with ongoing Ultram. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Ultram in the absence of a specific clinical indication in lieu of the present physical findings, Ultram ER 150 mg one tablet PO QD #90 is not medically necessary.

Norco 10/325 MG 1 Tab By Mouth 4 Hour As Needed Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg one tablet PO Q4 hours PRN #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical discopathy with this displacement and myelopathy, status post cervical fusion; and cervical radiculopathy. Subjectively, the injured worker states his neck pain has improved but still has some residual pain (according to a January

12, 2015 progress note). The injured worker complains of tightness in the right side of his neck and is feeling depressed mainly due to his financial situation. Objectively, the worker has tenderness the palpation in the cervical paraspinal musculature. There is full range of motion. Neurologic evaluation is unremarkable. Norco was prescribed January 12, 2015. There is no clear clinical indication clinical rationale for its use in the medical record. The treating physician states Norco was prescribed to reduce an aid in resolving the patient's symptoms and signs. There is no documentation with objective functional improvement in the medical record. Additionally, the injured worker is taking Ultram concurrently with Norco with no clinical rationale for the dual use to opiate medications. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use Norco 10/325 mg with a risk assessment and detailed pain assessments, Norco 10/325 mg one tablet PO Q4 hours PRN #120 is not medically necessary.

Flurbiprofen 25 Percent Menthol 10 Percent Camphor 3 Percent Capsaicin .0375 Percent Topical Cream 30 Gram and 120 Gram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Flurbiprofen 25%, menthol 10%, camphor 3%, capsaicin 0.0375% #30 g and 120g is not medically necessary. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are cervical discopathy with this displacement and myelopathy, status post cervical fusion; and cervical radiculopathy. Subjectively, the injured worker states his neck pain has improved but still has some residual pain (according to a January 12, 2015 progress note). The injured worker complains of tightness in the right side of his neck and is feeling depressed mainly due to his financial situation. Objectively, the worker has tenderness the palpation in the cervical paraspinal musculature. There is full range of motion. Neurologic evaluation is unremarkable. There is no documentation with objective functional improvement associated with topical cream's ongoing use. There is no specific clinical indication for the topical cream. Any compounded product that contains at least one drug (Capsaicin 0.0375% and Flurbiprofen-not FDA approved) that is not recommended is not recommended. Consequently, topical Flurbiprofen 25%, menthol 10%, camphor 3%, capsaicin 0.0375% #30 g and 120g is not recommended. Based on the clinical

information in the medical record and the peer-reviewed evidence-based guidelines, topical Flurbiprofen 25%, menthol 10%, camphor 3%, capsaicin 0.0375% #30 g and 120g is not medically necessary.

Paxil 20 MG 1 Cap By Mouth BID Qty 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=584ace29-6e40-432f-950f-ab7e98653d32>.

Decision rationale: Pursuant to Medline plus, Paxil 20 mg one PO b.i.d. #60 is not medically necessary. Paxil is a medication used to treat depression, panic disorders, and social anxiety disorders. For additional details see the attached link. In this case, the injured worker's working diagnoses are cervical discopathy with this displacement and myelopathy, status post cervical fusion; and cervical radiculopathy. Subjectively, the injured worker states his neck pain has improved but still has some residual pain (according to a January 12, 2015 progress note). The injured worker complains of tightness in the right side of his neck and is feeling depressed mainly due to his financial situation. Objectively, the worker has tenderness to palpation in the cervical paraspinal musculature. There is full range of motion. Neurologic evaluation is unremarkable. Paxil was prescribed on January 12 2014. There is no clear clinical indication for its use in the medical record, however, subjectively the injured worker complained of depression secondary to his financial situation. The treating physician provides an indication stating these medications will "reduce and aid in resolving the patient's symptoms and signs." The medical record does not contain evidence of objective functional improvement with ongoing Paxil use. Consequently, absent clinical documentation with objective functional improvement relating to Paxil's ongoing and continued use with a specific indication, Paxil 20 mg one PO b.i.d. #60 is not medically necessary.