

Case Number:	CM15-0034871		
Date Assigned:	03/03/2015	Date of Injury:	06/10/2012
Decision Date:	04/09/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/24/2015

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 26-year-old female who reported injury on 06/10/2012. The mechanism of injury was not provided. The diagnoses included lumbar spine sprain and strain and lumbar spine radiculopathy. Prior therapies were not provided. The mechanism of injury was the injured worker was lifting a half pound keg when she sustained pain in the low back. The documentation of 01/19/2015 revealed the injured worker had no surgical history. The current medications included Tylenol and naproxen. The current complaints included sharp pain in the back. Her pain level was 5/10 most days. The medications ordered included naproxen sodium 550 mg, cyclobenzaprine 7.5 mg, omeprazole, and tramadol. The treatment plan included a urine toxicology and topical compounds. There was a Request for Authorization submitted for review dated 01/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialty referral: medication consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in

Workers' Compensation; American College of Occupational and Environmental Medicine, Chapter 7, Independent Medical Examinations and consultations, p 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review failed to indicate the injured worker had previously been on medications that would require a pain consultation. The injured worker's medications included Tylenol and naproxen. Given the above the request for specialty referral: medication consultation is not medically necessary.

Retrospective Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation; American College of Occupational and Environmental Medicine, Chapter 7, Independent Medical Examinations and consultations, p 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had documentation of addiction, abuse, or poor pain control. Additionally, the documentation indicated the request was made for medication management purposes and the medications included Tylenol and naproxen. There were no opiate prescribed. Additionally, the request as submitted failed to indicate the date for the request. Given the above, the request for retrospective urine drug screen is not medically necessary.

Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin topical cream 240ugms: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation; American College of Occupational and Environmental Medicine, Chapter 7, Independent Medical Examinations and consultations, p 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals, Flurbiprofen, Capsaicin, Baclofen Page(s): 111, 105, 72, 25, 113. Decision based on Non-MTUS Citation www.drugs.com/search.php?searchterm=dexamethasone&a=1.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are 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. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Regarding topical flurbiprofen, "FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. 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. Salicylate topicals are recommended. There is no peer reviewed literature to support the use of topical baclofen. Per Drugs.com, "Dexamethasone is a corticosteroid that prevents the release of substances in the body that cause inflammation. Dexamethasone is used to treat many different inflammatory conditions such as allergic disorders, skin conditions, ulcerative colitis, arthritis, lupus, psoriasis, or breathing disorders". Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical documentation submitted for review failed to provide documentation of a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of a documented rationale to support the use of dexamethasone. The request as submitted failed to indicate the body part and the frequency for the medication. Given the above, the request for flurbiprofen/baclofen/dexamethasone/ menthol/camphor/capsaicin topical cream 240 gms is not medically necessary.

Omeprazole 20mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation; American College of Occupational and Environmental Medicine, Chapter 7, Independent Medical Examinations and consultations, p 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review failed to indicate the injured worker was at intermediate or high risk for gastrointestinal events. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20mg #60 is not medically necessary.