

Case Number:	CM15-0049650		
Date Assigned:	03/23/2015	Date of Injury:	06/22/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/16/2015

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: New York
 Certification(s)/Specialty: Emergency 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 27-year-old female who has reported neck, shoulder, and hip pain after a head contusion on June 22, 2014. The diagnoses include sprain/strain of the cervical spine, left shoulder pain, and left hip pain. Treatments have included medications, chiropractic, acupuncture, and biofeedback. The treating physician reports during 2014 and 2015 reflect ongoing multifocal pain with no discussion of the specific indications and results for any medications. Function and work status are not addressed, or work status is listed as "temporarily totally disabled". Results of drug tests are not discussed. Cyclobenzaprine, Protonix, and topical compounds were prescribed chronically. A urine drug screen on 10/8/14 was negative for all drugs assayed, including benzodiazepine, cyclobenzaprine, and some opioids. There was no assay for hydrocodone. The prior PR2 had listed cyclobenzaprine and Alprazolam as prescribed medications. A urine drug screen on 9/3/14 was negative for all drugs assayed, including the prescribed medications. Per the PR2 of 1/14/15, there was headache, neck pain, and psychiatric symptoms. There was no discussion of the results of any prior tests or treatment. The treatment plan included a urine drug screen, cyclobenzaprine, Protonix, alprazolam, Sennosides, and two topical compounds. There was no work status. The indications for any of the medications were not discussed. On 2/25/15 Utilization Review non-certified cyclobenzaprine, Sennosides, Protonix, urine drug screen, and compounded topical agents. Alprazolam was partially certified. The MTUS was cited in support of these decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

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. 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. The drug tests suggest that this injured worker does not even take this medication. Cyclobenzaprine, per the MTUS, is indicated for short-term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary. Per the drug tests, the injured worker may not even be taking this medication.

Sennosides 8.6 mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy [with opioids] (d) Prophylactic treatment of constipation should be initiated Page(s): 77.

Decision rationale: Although laxatives are indicated when opioids are prescribed, there are no current opioids listed. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary. None of the reports addresses the medical necessity for this laxative.

Protonix 20mg #60: Upheld

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

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. There is no discussion of the indications for a PPI. Co therapy with an NSAID is not indicated in patients other than those at high risk. This injured worker is not currently taking NSAIDs or other medications likely to adversely affect the acid milieu of the upper gastrointestinal tract. PPIs are not benign. 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 PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

Alprazolam 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The treating physician has not provided an account of the indications and functional benefit for this medication. None of the reports addresses the two urine drug screens, which were negative for this drug. The MTUS does not recommend benzodiazepines for long-term use for any condition. The prescribing has occurred chronically, not short term as recommended in the MTUS. This benzodiazepine is not prescribed according the MTUS, may not be taken at all per the urine drug screens, and is not medically necessary.

Retrospective request for urine toxicology screen DOS: 1/14/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens.

Decision rationale: This injured worker has had two failed urine drug screens to date, neither of which was addressed. For this reason alone, no further urine drug screens would be indicated, since the results are used clinically. 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 currently prescribed. The treating physician has not listed any other reasons to do the urine drug screen. The MTUS recommends random drug testing, not at office visits. The details of testing have not been provided. Potential problems with drug tests include variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. These issues have not been addressed. Given that the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program in accordance with the MTUS, the prior test results, which were not addressed, and that there are outstanding questions regarding the testing process, the urine drug screen is not medically necessary.

Retrospective request for 1 container of Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 30g DOS: 1/14/15:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

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, "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 were dispensed simultaneously, which is duplicative, unnecessary, and potentially toxic. 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. Menthol and camphor are not discussed specifically in the MTUS. No indications were given for a topical steroid. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.

Retrospective request for 1 container of Gabapentin 10%, Cyclobenzaprine 6%, and Bupivacaine in cream base 30g DOS: 1/14/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

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, "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. Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable risk of seizures, irregular heartbeats and death. 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, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.