

Case Number:	CM15-0055245		
Date Assigned:	03/30/2015	Date of Injury:	09/12/2014
Decision Date:	06/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/23/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 30 year old female, who sustained an industrial injury on 09/12/2014. She reported that a client was involved in an altercation with another client and while the injured worker intervened, the injured worker was hit in the face and hit over the head with a wooden stool causing her to fall to the floor. The injured worker was diagnosed as having brachial neuritis, radiculitis, lumbar sprain/strain, thoracic sprain/strain, major depression and anxiety features, head trauma, post traumatic headache unspecified, other wrist sprain/strain, and cervical sprain/strain. Treatment to date has included magnetic resonance imaging of the cervical spine, magnetic resonance imaging of lumbar spine, magnetic resonance imaging of the left wrist, magnetic resonance imaging of the right wrist, magnetic resonance imaging of the left shoulder, magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the brain, magnetic resonance imaging of the thoracic spine, chiropractic therapy, physical therapy, electromyogram with nerve conduction study, cardio-respiratory diagnostic testing, medication regimen, and Functional Capacity Evaluation. In a progress note dated 01/27/2015 the treating physician reports complaints of bilateral shoulder pain that is rated a seven out of ten and lumbar spine pain that is rated an eight out of ten. The treating physician also noted a decrease range of motion with pain, tenderness, and spasms to the right shoulder, decrease range of motion with pain, tenderness, and spasms to the left shoulder, and decrease range of motion with tenderness and spasms to the bilateral sacroiliac joints and the lumbar paravertebral muscles. The treating physician requested specimen collection and handling, urine toxicology screen and confirmations for medication management purposes to obtain a baseline result to assist in more accurately

predicting compliance to a prescribed medication regimen in the future and to determine the presence of illicit substances in the injured worker's system. The treating physician also requested the medications of Pantoprazole 20mg with a quantity of 60, Compound: Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, and Capsaicin 0.025%, and Compound: Gabapentin 10%, Amitriptyline 10% and Bupivacaine 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 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). Per the ODG, PPI's are recommended for patients at risk for gastrointestinal events. Prilosec (Omeprazole), Prevacid (Lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules, (Donnellan, 2010). In this RCT omeprazole provided a statistically significantly greater acid control than Lansoprazole, (Miner, 2010). In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including Eesomeprazole (Nexium), Lansoprazole (Prevacid), Omeprazole (Prilosec), Pantoprazole (Protonix), Dexlansoprazole (Dexilant), and Rabeprazole (Aciphex). (Shi, 2008) A trial of Omeprazole or Lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available, PPIs appeared to be similarly effective, (AHRQ, 2011). A review of the injured workers medical records does not reveal any gastrointestinal complaints and there is no evidence that the injured worker is at increased risk for gastrointestinal events and therefore the continued use of Pantoprazole is not medically necessary in the injured worker.

Compound: Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, and Capsaicin 0.025%: 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 Analgesics Page(s): s 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Baclofen is not recommended for topical use. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed therefore the request for Flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, and capsaicin 0.025% is not medically necessary.

Specimen collection/handling UDS, urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, American Academy of Family Physicians.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Urine Drug testing.

Decision rationale: Per the MTUS, recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/ addiction. Per the ODG, confirmatory tests are "laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS). These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. The tests also allow for identification of drugs that are not identified in the immunoassay screen. These are generally considered confirmatory tests and have a sensitivity and specificity of around 99%. These tests are particularly important when results of a test are contest. When the POC screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs." A review of the injured workers medical records did not reveal any documentation that would warrant confirmatory urine drug testing therefore the request for Specimen collection/handling UDS, urine toxicology screen:

amphetamine or methamphetamine, barbiturates, benzodiazepines, opiate(s), meprobamate, methadone, dihydromorphinone, dihydrocodeinone, column chromatography/mass spectrometry, amitriptyline, desipramine, imipramine, nortriptyline. Mass spectrometry and tandem mass spectrometry, creatine, Specific gravity, PH, and Spectrophotometry are not medically necessary.

Compound: Gabapentin 10%, Amitriptyline 10% and Bupivacaine 5%: 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 Analgesics Page(s): s 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and gabapentin is not recommended for topical use, therefore the request for Compound: gabapentin 10%, amitriptyline 10% and bupivacaine 5% is not medically necessary.