

Case Number:	CM15-0077315		
Date Assigned:	04/28/2015	Date of Injury:	04/11/2012
Decision Date:	08/26/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/22/2015

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: 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 was a 64 year old female, who sustained an industrial injury, April 11, 2012. The injured worker previously received the following treatments EMG/NCS (electrodiagnostic studies and nerve conduction studies) the upper extremities, knee x-rays and lumbar spine x-rays. The injured worker was diagnosed with peripheral neuropathy, right carpal tunnel releases, cervicodorsal muscle sprain, possible cervical spondylosis, bilateral shoulder muscle sprain, lumbosacral muscle sprain with low back pain and right lower limb radiculopathy, degenerative arthritis, bilateral knee, post arthroscopic surgery of the left knee, post bilateral carpal tunnel release surgery of the hand and cervical discopathy. According to progress note of February 16, 2015, the injured workers chief complaint was right shoulder and hand pain. The injured worker was experiencing stiffness of the right shoulder and muscle weakness of the right arm. The pain was rated 8 out of 10 on a severity scale, which increases with activity. The treatment plan included urinalysis, and prescriptions for Flurbiprofen 20% Baclofen 10% dexamethasone 2% in cream base, Gabapentin 10% Amitriptyline 10% Bupivacaine 5% in cream base, Tramadol, Naproxen and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing and Other Medical Treatment Guidelines <http://smartmedicine.acponline.org/content>, Hypertension.

Decision rationale: MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDs) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). MTUS does not make recommendations regarding urine analysis. ODG recommends preoperative urinalysis for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. The American College of Physicians recommends laboratory testing, including urinalysis in certain patients with Hypertension to assess for target organ damage. Documentation shows that the injured worker is diagnosed with Hypertension, which appears to be well controlled on current medication regimen. There is lack of report indicating that there is planned surgery that would warrant checking a urine analysis. The request for Urinalysis is not medically necessary by guidelines.

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in cream base, 180mg: 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 Topical Analgesics Page(s): 111.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application and MTUS states that the use of muscle relaxants as a topical agent is not recommended. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in cream base, 180mg is not medically necessary by MTUS.

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream base, 180mg: 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 Topical Analgesics Page(s): 111.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS does not recommend Gabapentin as a topical agent. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream base, 180mg is not medically necessary by MTUS.

Tramadol Hydrochloride ER 150mg 1 cap by mouth every 12-24 hours as needed, (unknown qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Documentation fails to demonstrate significant improvement in the injured worker's pain to justify the ongoing use of Tramadol. With MTUS guidelines not being met, the request for Tramadol Hydrochloride ER 150mg 1 cap by mouth every 12-24 hours as needed, (unknown qty) is not medically necessary.

Naproxen 550mg 1 by mouth every 8 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of significant improvement in pain or documentation of acute exacerbation. With MTUS guidelines not being met, the request for Naproxen (dosage & frequency unspecified) is not medically necessary.

Pantoprazole DRT 1 tablet by mouth twice a day, total number of 90: Upheld

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

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

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Pantoprazole. The request for Pantoprazole DRT 1 tablet by mouth twice a day, total number of 90 is not medically necessary per MTUS guidelines.