

Case Number:	CM15-0086314		
Date Assigned:	05/08/2015	Date of Injury:	04/29/2004
Decision Date:	06/29/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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, Pain Management

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 55-year-old male, who sustained an industrial injury on 04/29/2004. He has reported subsequent low back pain and was diagnosed with lumbar strain and degenerative disc disease at L3-L4, L4-L5 and L5-S1. Treatment to date has included oral pain medication, epidural injections, chiropractic therapy and surgery. In a progress note dated 04/22/2015, the injured worker complained of persistent low back pain and aching pain in the bilateral legs. Objective findings were notable for tenderness in the paraspinous musculature of the lumbar region and midline, decreased range of motion of the lumbar spine and slightly abnormal sensation testing with a pinwheel. A request for authorization of Tylenol #3, Xanax, Gabapentin/Amitriptyline/Bupivacaine/Hyaluronic acid cream and Flurbiprofen/Baclofen/Dexamethasone/Hyaluronic acid cream was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine, Ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Tylenol #3, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tylenol #3 is not medically necessary.

Xanax 1 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic) Xanax.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24 of 127.

Decision rationale: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (alprazolam) is not medically necessary.

Gabapentin 10%, Amitriptyline 10%, Bpivacaine 5%, Hyaluronic acid 0.2 % 240 grams:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, Hyaluronic acid 0.2 %, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine (similar to bupivacaine) is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria has been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, Hyaluronic acid 0.2 % is not medically necessary.

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Hyaluronic acid 0.2% 240 grams:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Hyaluronic acid 0.2%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above-mentioned criteria has been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA- approved oral forms for this patient. Given all of the above, the requested Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Hyaluronic acid 0.2% is not medically necessary.