

Case Number:	CM15-0098763		
Date Assigned:	06/01/2015	Date of Injury:	10/19/2012
Decision Date:	07/03/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/21/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 25-year-old female who reported an industrial injury on 10/19/2012. Her diagnoses, and/or impressions, are noted to include: lumbar sprain/strain with annular tear, disc protrusion, muscle spasms and pain; and lumbar radiculopathy. No current imaging studies are noted. Her treatments have included physical therapy; medication management; and rest from work. The progress notes of 1/14/2015 reported complaints which included frequent-constant, severe low back pain with numbness and tingling that radiated into the left lower extremity, causing weakness, aggravated by activities, and relieved by physical therapy, rest and medications. The objective findings were noted to include tenderness to palpation at the bilateral sacroiliac joints and lumbar para-vertebral muscles; spasms of the bilateral gluteus and lumbar para-vertebral muscles; positive Kemp's sign; and positive straight leg raise while sitting. The physician's requests for treatments were noted to include the continuation of Gabapentin, Naproxen, Tramadol ER, Protonix, and a Flurbiprofen compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49 of 127.

Decision rationale: MTUS guidelines state regarding Gabapentin, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Regarding this patient's case, there is no documentation that this medication is reducing pain or resulting in functional improvement. Likewise, this request is not considered medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDs due to the potential for adverse side effects. Likewise, this request for Naproxen is not medically necessary.

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69 of 127.

Decision rationale: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID, use should also be considered. The guidelines state, "Recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise, this request for Protonix is not medically necessary.

Compound FBD Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camp 20% 5% 2% 2% 2% 20.0 25%: 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): 111-113.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Flurbiprofen, an NSAID. MTUS guidelines specifically state regarding topical "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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." Likewise, the requested medication is not medically necessary.