

Case Number:	CM14-0120846		
Date Assigned:	09/16/2014	Date of Injury:	10/31/2012
Decision Date:	10/20/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of October 31, 2012. A Utilization Review was performed on June 30, 2014 and recommended non-certification of 60 tablets Hydrocodone/APAP 10/325 mg between 5/28/2014 and 8/25/2014, 60 tablets Naproxen 550mg between 5/28/2014 and 8/25/2014, 90 tablets Norflex 100 mg between 5/28/2014 and 8/25/2014, 60 tablets Omeprazole 20mg between 5/28/2014 and 8/25/2014, urine tox screen, 30 grams compound topical cream (Flurbiprofen 20%, Tramadol 20% in Mediderm base) 72 hour supply given to patient in office, 240 grams compound topical cream (Flurbiprofen 20%, Tramadol 20% in Mediderm base), 30 grams topical cream (Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in Mediderm base) 72 hour supply given to patient in office, and 240 grams compound topical cream (Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in Mediderm base). A Secondary Treating Physician's Report dated May 28, 2014 identifies Current Complaints of pain in left elbow 5/10 with numbness and tingling. Objective Findings identify Cozen's is positive. Diagnoses identify left elbow internal derangement. Medications prescribed identify Omeprazole, Naproxen, Hydrocodone, Norflex, urinalysis, and medicated creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixty (60) tablets Hydrocodone/APAP 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (Hydrocodone/Acetaminophen), California Pain Medical Treatment Guidelines state that Norco 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), no documentation regarding side effects, 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 Norco (Hydrocodone/Acetaminophen) is not medically necessary.

Sixty (60) tablets Naproxen 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

Ninety (90) tablets Norflex 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Norflex, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation

available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Norflex. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Norflex is not medically necessary.

Sixty (60) tablets Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole is not medically necessary.

Unknown Urine Tox Screen:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) urine drug testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 99.

Decision rationale: Regarding the request for unknown urine tox screen, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation of current risk stratification to identify the medical necessity of drug screening. Additionally, the prescribed controlled substance medication has not met the burden of medical necessity. As such, the currently requested unknown urine tox screen is not medically necessary.

Thirty (30) grams compound topical cream (Flurbiprofen 20%, Tramadol 20% in Mediderm base) 72 hour supply given to patient in office: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for Thirty (30) grams compound topical cream (Flurbiprofen 20%, Tramadol 20% in Mediderm base) 72 hour supply given to patient in office, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Guidelines additionally state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical Flurbiprofen is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Thirty (30) grams compound topical cream (Flurbiprofen 20%, Tramadol 20% in Mediderm base) 72 hour supply given to patient in office is not medically necessary.

Two hundred forty (240) grams compound topical cream (Flurbiprofen 20%, Tramadol 20% in Mediderm base): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for Two hundred forty (240) grams compound topical cream (Flurbiprofen 20%, Tramadol 20% in Mediderm base), Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Guidelines additionally state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical Flurbiprofen is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Two hundred forty (240) grams compound topical cream (Flurbiprofen 20%, Tramadol 20% in Mediderm base) is not medically necessary.

Thirty (30) grams topical cream (Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in Mediderm base) 72 hour supply given to patient in office: Upheld

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

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

Decision rationale: Regarding the request for Thirty (30) grams topical cream (Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in Mediderm base) 72 hour supply given to patient in office, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Chronic Pain Medical Treatment Guidelines additionally state that topical Gabapentin is not recommended. They go on to state that there is no peer-reviewed literature to support its use. Therefore, in the absence of guideline support for the use of topical Gabapentin, the currently requested Thirty (30) grams topical cream (Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in Mediderm base) 72 hour supply given to patient in office is not medically necessary.

Two hundred forty (240) grams compound topical cream (Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in Mediderm base): Upheld

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

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

Decision rationale: Regarding the request for Two hundred forty (240) grams compound topical cream (Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in Mediderm base), Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Chronic Pain Medical Treatment Guidelines additionally state that topical Gabapentin is not recommended. They go on to state that there is no peer-reviewed literature to support its use. Therefore, in the absence of guideline support for the use of topical Gabapentin, the currently requested Two hundred forty (240) grams compound topical cream (Gabapentin 10%, Dextromethorphan 10%, and Amitriptyline 10% in Mediderm base) is not medically necessary.