

Case Number:	CM14-0134777		
Date Assigned:	08/27/2014	Date of Injury:	01/28/2013
Decision Date:	09/24/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/19/2014

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 Occupational Medicine 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:

The patient is a 38-year-old male who has submitted a claim for displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, and sprain of the lumbar region; associated with an industrial injury date of 01/28/2013. Medical records from 2014 were reviewed and showed that patient complained of constant pain and stiffness to his thoracic spine with spasticity. Referred pain was noted to both buttocks and lower extremities. Physical examination showed tenderness over the lumbosacral paraspinal musculature. Limited range of motion of the lumbar spine was noted. Straight leg raise test was positive bilaterally. Motor testing was normal. Sensation over the L4, L5, and S1 nerve roots were decreased bilaterally. Treatment to date has included medications and physical therapy. Utilization review, dated 08/07/2014, denied the request for Flurbiprofen/ Capsaicin/ Menthol/ Camphor compound cream because Flurbiprofen is not an FDA approved NSAID formulation for topical use; denied the request for Ketoprofen/Cyclobenzaprine/Lidocaine compound cream because Ketoprofen is not an FDA approved NSAID formulation for topical use and Cyclobenzaprine is not supported for topical application; denied the request for Prilosec because there was no diagnosis for which use is supported and the delineated criteria were not met; and modified the request for Ultram because the patient was described with significant pain and interruption to use could be detrimental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: 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 Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. Pages 68 to 69 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in those individuals: using multiple NSAIDs; high dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and those with history of peptic ulcer. In this case, the duration of use of omeprazole is not clearly indicated. Moreover, the medical records reviewed do not show that the patient is at risk for a gastrointestinal event as mentioned above. The medical necessity cannot be established without additional information. Therefore, the request for Prilosec 20mg #30 is not medically necessary.

Flurbiprofen/Capsaicin/Menthol/Camphor 10%/.25%/2%/1% (120gm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: As stated on pages 111 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding the Flurbiprofen component, topical NSAID formulation is only supported for Diclofenac in the California MTUS. Regarding the Capsaicin component, there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Regarding the menthol and capsaicin components, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain may in rare instances cause serious burns. In addition, guidelines state that there is no evidence to support the use of topical camphor. In this case, medical records reviewed did not show failure of or intolerance to oral formulations. Moreover, Flurbiprofen is not recommended for topical use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compound medications contains Flurbiprofen, capsaicin, and camphor, which are not recommended. Therefore, the request for Flurbiprofen/Capsaicin/Menthol/Camphor 10%/.25%/2%/1% (120GM) is not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% (120gm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: As stated on pages 111 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding the Ketoprofen component, topical NSAID formulation is only supported for Diclofenac in the California MTUS. Regarding the Cyclobenzaprine component, guidelines do not support the use of topical muscle relaxants. Topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, medical records reviewed did not show failure of or intolerance to oral formulations. Moreover, Ketoprofen and Cyclobenzaprine are not recommended for topical use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compound medication contains Lidocaine, Ketoprofen and Cyclobenzaprine, which are not recommended. Therefore, the request for Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% (120gm) is not medically necessary.

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the duration of use of Ultram is not clearly indicated. Moreover, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. The medical necessity cannot be established without additional information. Therefore, the request for Ultram 50mg #60 is not medically necessary.