

Case Number:	CM14-0136582		
Date Assigned:	09/29/2014	Date of Injury:	05/22/1998
Decision Date:	10/29/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/25/2014

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 & Rehabilitation 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 injured worker is a 65-year-old female who reported an injury on 05/22/1998. The mechanism of injury was the injured worker fell off a chair. The documentation indicated the injured worker's surgical history included bilateral repair for thoracic outlet syndrome. The injured worker had Botox injections. The injured worker's medications were noted to include Tramadol and Ambien. Additional medications included Meloxicam and Prilosec. Other therapies included physical therapy. The injured worker underwent a carpal tunnel release bilaterally. The diagnostic studies included x-rays and MRIs. The documentation of 07/09/2014 revealed the injured worker had pain in the upper back, right wrist, and neck. The injured worker indicated she was going for neuromuscular massage which was helping. The injured worker had intact light touch sensation in the right lateral shoulder, right thumb tip, and right long tip. The right small tip and light sensation was diminished. The diagnoses included status post bilateral thoracic outlet syndrome surgery, status post bilateral carpal tunnel surgery, thoracic spine strain, and cervical spine disc bulge. There was a lack of documentation of a Request for Authorization and rationale for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine powder 12 gm, 24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical/compounded analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The California MTUS indicate that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2 to 3 weeks. The addition of cyclobenzaprine to other agents is not recommended. They do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. This is a duplicate request. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the body part to be treated, as well as the frequency. Given the above, the request for cyclobenzaprine powder 12 grams, 24 is not medically necessary.

Gabapentin powder 12 gm, 24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical/compounded analgesics.

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

Decision rationale: The California MTUS Guidelines do not recommend gabapentin as there is no peer reviewed literature to support its use topically. There is no evidence for use of any other antiepilepsy drug as a topical product. There was a lack of documented rationale. The request as submitted failed to indicate the frequency for the requested medication and the body part to be treated. Given the above, the request for gabapentin powder 12 grams, 24 is not medically necessary.

Cyclobenzaprine powder 3gm, 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical/compounded analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The California MTUS indicate that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2 to 3 weeks. The addition of cyclobenzaprine to other agents is not recommended. They do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. This is a duplicate request. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the body part to be treated, as well as the frequency. Given the above, the request for cyclobenzaprine powder 3 grams, 3 is not medically necessary.

Gabapentin powder 3gm, 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical/compounded analgesics.

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

Decision rationale: The California MTUS Guidelines do not recommend gabapentin as there is no peer reviewed literature to support its use topically. There is no evidence for use of any other antiepilepsy drug as a topical product. There was a lack of documented rationale. The request as submitted failed to indicate the frequency for the requested medication and the body part to treated. Given the above, the request for gabapentin powder 3 grams, 3 is not medically necessary.

Tramadol tabs 50mg #60, 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic painongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documented rationale for the use of the medication. There was a lack of Request for Authorization submitted for review. The duration of use could not be established. Given the above, the request for Tramadol tablets 50 mg quantity sixty, 120 is not medically necessary.

Meloxicam 15mg #30, 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 Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term treatment of acute pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to meet the above criteria. The duration of use could not be established. The request as submitted failed to

indicate the frequency for the requested medication. Given the above, the request for meloxicam 15 mg #30, sixty is not medically necessary.

Omeprazole caps 20mg #30, 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Injured workers with no risk factors and no cardiovascular disease do not require the use of proton pump inhibitors. Additionally, proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation the injured worker had been assessed for risk for gastrointestinal events. Additionally, there was a lack of documentation indicating the injured worker had dyspepsia. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole caps 20 mg #30, sixty is not medically necessary.

Zolpidem tabs 10mg #30, 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines regarding Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem

Decision rationale: The Official Disability Guidelines indicate that zolpidem is recommended for the short term treatment of insomnia. The duration of use is from 2 to 6 weeks. The clinical documentation submitted for review failed to provide the duration of use. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency. Given the above, the request for zolpidem tabs 10 mg #30, sixty is not medically necessary.