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| Case Number: | CM14-0145441 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 05/01/2012 |
| Decision Date: | 11/14/2014 | UR Denial Date: | 08/26/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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:

This 34 year old patient had a date of injury on 5/1/2012. The mechanism of injury was not noted. In a progress noted dated 8/18/2014, subjective findings included frequent low back pain rated 8/10. There is numbness in right lower extremity and sole of foot is reducing in frequency, but patient is also experiencing intermittent pain in right anterior thigh. On a physical exam dated 8/18/2014, objective findings included mild spasm of L/S, and tenderness to palpation. The diagnostic impression shows sprains/strains of lumbar and thoracic/lumbosacral radiculitis. Treatment to date: medication therapy and behavioral modification. A UR decision dated 8/19/2014 denied the request for Naproxen 550mg #60, stating lack of evidence to indicate quantifiable pain relief and objective functional improvement with patients use of Naproxen. Omeprazole 20mg #60 was denied stating lack of evidence of gastrointestinal events. Orphenadrine 100mg #60 was denied stating lack of evidence of quantifiable pain relief and objective functional improvement. Hydrocodone/APAP #60 was denied, stating lack of objective functional improvement and no urine drug screens provided for review. Flurbiprofen 20%/tramadol 20% in mediderm base #30, gabapentin 10%/dextromethorphan 10%/Amitriptyline 10% in mediderm base, Flurbiprofen 20%/Tramadol20% in mediderm base #30, and Amitriptyline 10%/Dexamethorphan 10%/Gabapentin 10% in mediderm base #210 were denied, stating that lack of evidence of Flurbiprofen in topical use, and guidelines state Gabapentin is not recommended in topical use as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In a progress note dated 8/18/2014, there was no evidence of functional improvement documented with the analgesic regimen. Furthermore, from the reports viewed, it was unclear how long this patient has been on Naproxen. Therefore, the request for naproxen 550 #60 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the progress note dated 8/18/2014, and from reports viewed, there was no evidence this patient suffered from gastrointestinal events. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.

Orphenadrine 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In the 8/18/2014 progress report, there was no documentation of an acute exacerbation of pain. Furthermore, it was unclear from the reports how long this patient has been on Orphenadrine, and guidelines only support short term use. Therefore, the request for Orphenadrine 100mg #60 is not medically necessary.

Hydrocodone/APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated 8/18/2014, there was no documented functional improvement noted from the opioid regimen. Furthermore, it was unclear how long this patient has been on Norco and no recent urine drugs screens were provided for review. Therefore, the request for Norco 10/325 #60 is not medically necessary.

Flurbiprofen 20%/Tramadol 20% in mediderm base 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the 8/18/2014 progress report, there was no discussion regarding failure of a 1st line oral analgesic. Furthermore, flurbiprofen is not recommended in topical formulation, and because this compound has flurbiprofen, the entire compound is not recommended. Therefore, the request for flurbiprofen 20%/tramadol 20% in mediderm base #30 is not medically necessary.

Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in mediderm base gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the 8/18/2014 progress report, there was no discussion regarding failure of a 1st line oral analgesic. Furthermore, Gabapentin is not recommended in topical formulation, and because this compound has Gabapentin, the entire compound is not recommended. Therefore, the request for Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in mediderm base #30 is not medically necessary.

Flurbiprofen 20%/Tramadol 20% in mediderm base 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the 8/18/2014 progress report, there was no discussion regarding failure of a 1st line oral analgesic. Furthermore, Flurbiprofen is not recommended in topical formulation, and because this compound has Flurbiprofen, the entire compound is not recommended. Therefore, the request for Flurbiprofen 20%/Tramadol 0% in mediderm base #30 is not medically necessary.

Amitriptyline 10%/Dexamethorphan 10%/Gabapentin 10% in mediderm base 210gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the 8/18/2014 progress report, there was no discussion regarding failure of a 1st line oral analgesic. Furthermore, Gabapentin is not recommended in topical formulation, and because this compound has Gabapentin, the entire compound is not recommended. Therefore, the request for Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in mediderm base #210 is not medically necessary.