

Case Number:	CM14-0028844		
Date Assigned:	06/16/2014	Date of Injury:	01/07/2012
Decision Date:	09/03/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 44-year-old female with a 1/7/12 date of injury. At the time (1/17/14) of request for authorization for the retrospective request for 1 container of Xolindo cream 2 %, the retrospective request for 60 tablets of Cyclobenzaprine hydrochloride 7.5 mg, the retrospective request for 60 tablets of Tramadol ER 150 mg, and the retrospective request for 60 capsules of Omeprazole 20 mg, there is documentation of subjective (headaches, acid reflux, musculoskeletal pain, weakness, depression, stress, anxiety, and insomnia) and objective (decreased cervical spine range of motion, positive Spurling's test, and positive shoulder and cervical compression test) findings, current diagnoses (cervical radiculitis, right shoulder internal derangement, and adjustment reaction), and treatment to date (medications (including Zoloft, Zanaflex, Nocro, and Amitriptyline). Regarding the retrospective request for 60 tablets of Cyclobenzaprine hydrochloride 7.5 mg, there is no documentation of acute muscle spasm and the intention to treat over a short course (less than two weeks). Regarding the retrospective request for 60 tablets of Tramadol ER 150 mg, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE RETROSPECTIVE REQUEST FOR 1 CONTAINER OF XOLINDO CREAM 2 %:
Overturned

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 Lidocaine Page(s): 56-57.

Decision rationale: An online search identifies Xolindo cream as a topical analgesic with active ingredients that include Lidocaine HCL 2%. MTUS Chronic Pain Medical Treatment Guidelines identify documentation of neuropathic pain after there has been evidence of failure of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica), as criteria necessary to support the medical necessity of a lidocaine. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, right shoulder internal derangement, and adjustment reaction. In addition, there is documentation of failure of a trial of first-line therapy (tri-cyclic (Amitriptyline)). Therefore, based on guidelines and a review of the evidence, the request for the retrospective request for 1 container of Xolindo cream 2 % is medically necessary.

THE RETROSPECTIVE REQUEST FOR 60 TABLETS OF CYCLOBENZAPRINE HYDROCHLORIDE 7.5 MG.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril (Cyclobenzaprine) is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, right shoulder internal derangement, and adjustment reaction. However, there is no documentation of acute muscle spasm. In addition, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for the retrospective request for 60 tablets of Cyclobenzaprine hydrochloride 7.5 mg is not medically necessary.

THE RETROSPECTIVE REQUEST FOR 60 TABLETS OF TRAMADOL ER 150 MG.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, right shoulder internal derangement, and adjustment reaction. In addition, there is documentation that Tramadol is used as a second line treatment. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for the retrospective request for 60 tablets of Tramadol ER 150 mg is not medically necessary.

THE RETROSPECTIVE REQUEST FOR 60 CAPSULES OF OMEPRAZOLE 20 MG.:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, right shoulder internal derangement, and adjustment reaction. In addition, given documentation of subjective findings (acid reflux), there is documentation of risk for gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for the retrospective request for the retrospective request for 60 capsules of Omeprazole 20 mg is medically necessary.