

Case Number:	CM14-0093240		
Date Assigned:	08/01/2014	Date of Injury:	08/23/2013
Decision Date:	09/16/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/19/2014

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 Physical Medicine and 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 58-year-old female who reported an injury on 08/23/2013; the mechanism of injury was not provided. On 05/23/2014, the injured worker presented with pain over the cervical spine, thoracic spine, and lumbar spine. Upon examination of the cervical spine there was tenderness to palpation over the bilateral trapezius and muscle spasm over the cervical paravertebral muscles. The cervical distraction test was positive. Examination of the lumbar spine revealed tenderness to palpation over the lumbar paravertebral muscles and spasms of the bilateral gluteus and positive Kemp's. The diagnoses were cervical muscle spasm, cervical radiculopathy, thoracic muscle spasm, thoracic musculoligamentous injury, lumbar muscle spasms, lumbar musculoligamentous injury, lumbar pain, lumbar radiculopathy, and insomnia. Current medications included Naproxen, Norflex, and medicated creams. A urinalysis was performed on 05/23/2014. The provider recommended Pantoprazole, Norflex, a urine drug screen, topical medications, and a medication consultation. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: The request for Pantoprazole 20 mg #60 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. There is a lack of documentation that the injured worker had a diagnosis congruent with the guideline recommendation of a proton pump inhibitor. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The provider's rationale was not provided. The efficacy of the prior use of the medication was not provided. The frequency of the medication was not provided in the request as submitted. As such, the request is not medically necessary.

Norflex 100mg Qty 60: Upheld

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

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

Decision rationale: The request for Norflex 100 mg #60 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement in efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There was a lack of a complete and adequate pain assessment of the injured worker. Additionally, the efficacy of the prior use of Norflex was not provided. The provider's request for Norflex 100 mg #60 exceeds the guideline recommendation for short-term treatment. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Toxicology Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for a toxicology urine drug screen is not medically necessary. California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation

provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. There was a urinalysis performed on 05/23/2014; the results of the urinalysis were not disclosed. It is not clear if the provider is recommending a retrospective toxicology urine drug screen or one for future purposes. As such, the request is not medically necessary.

30gms Flurbiprofen 20%/Tramadol 20% in medidern base: Upheld

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

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

Decision rationale: The request for 30gms Flurbiprofen 20%/Tramadol 20% in medidern base is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee or other joints amenable to topical treatment. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, muscle relaxants, biogenic amines, and nerve growth factors. There is little to no research to support the use of many of these agents. Additionally, the provider's request does not indicate the site that the cream is intended for, the quantity, or the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in medidern base 30gm: Upheld

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

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

Decision rationale: The request for Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in medidern base 30gm is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee or other

joints amenable to topical treatment. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, muscle relaxants, biogenic amines, and nerve growth factors. There is little to no research to support the use of many of these agents. Additionally, the provider's request does not indicate the site that the cream is intended for, the quantity, or the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Flurbiprofen and Gabapentin 72hr supply: Upheld

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

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

Decision rationale: The request for Flurbiprofen and Gabapentin 72hr supply is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee or other joints amenable to topical treatment. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, muscle relaxants, biogenic amines, and nerve growth factors. There is little to no research to support the use of many of these agents. Additionally, the provider's request does not indicate the site that the cream is intended for, the quantity, or the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

240gms Flurbiprofen 20%/Tramadol 20% in mediderm base: Upheld

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

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

Decision rationale: The request for 240gms Flurbiprofen 20%/Tramadol 20% in mediderm is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee or other joints amenable to topical treatment. Many

agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, muscle relaxants, biogenic amines, and nerve growth factors. There is little to no research to support the use of many of these agents. Additionally, the provider's request does not indicate the site that the cream is intended for, the quantity, or the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Gabapentin 10%/Dexamethorphan 10%/Amitriptyline 10% in mididern base 240gm:
Upheld

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

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

Decision rationale: The request for Gabapentin 10%/Dexamethorphan 10%/Amitriptyline 10% in mididern base 240gm is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee or other joints amenable to topical treatment. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, muscle relaxants, biogenic amines, and nerve growth factors. There is little to no research to support the use of many of these agents. Additionally, the provider's request does not indicate the site that the cream is intended for, the quantity, or the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Flurbiprofen and Gabapentin: Upheld

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

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

Decision rationale: The request for Flurbiprofen and Gabapentin is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular,

that of the knee or other joints amenable to topical treatment. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, muscle relaxants, biogenic amines, and nerve growth factors. There is little to no research to support the use of many of these agents. Additionally, the provider's request does not indicate the site that the cream is intended for, the quantity, or the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Medication Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7; Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for medication consultation is not medically necessary. The California MTUS/ACOEM state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, permanent residual loss, and/or examinee's fitness to return to work. There was no clear rationale to support the use of a consultation. The efficacy of the prior medication use has not been provided. There is a lack of documentation on how a medication consultation will aid in an evolving treatment plan for the injured worker. As such, the request is not medically necessary.