

Case Number:	CM14-0213756		
Date Assigned:	12/31/2014	Date of Injury:	03/25/2014
Decision Date:	02/28/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year-old male with a date of injury of March 25, 2014. The patient's industrially related diagnoses include lumbar sprain, lumbar radiculitis, herniated nucleus pulposus at L5-S1 with 5 to 6-mm and at L4-5 of 4 to 5-mm with right sided radiculopathy, first degree spondylolisthesis of L5-S1 and pars interarticularis defects of L5 bilaterally, anxiety, insomnia, and sexual dysfunction. EMG/NCV of bilateral lower extremities on 5/30/14 revealed normal study. MRI of the lumbar spine done 6/2014 showed disc herniations at L4-5 of 4 mm and at L5-S1 of 6 mm nerve root impingement and there was a 40% decrease in height of L5-S1 and 30% decrease in height of L4-5. At L3-4, there was also 3-mm posterior disc bulge without compromise of the nerve roots. The disputed issues are 1 epidural injection, Flexeril 7.5mg #90, Prilosec 20mg #90, Tramadol 150mg #60, and topical compound cream to include Ketoprofen, Gabapentin, and Tramadol. A utilization review determination on 12/17/2014 had non-certified these requests. The stated rationale for the denial of the epidural injection was: "After review of the submitted documentation an ESI is not medically necessary at this time. The submitted documentation does not support a definitive radiculopathy. According to the documentation, the patient does not present with a dermatomal distribution of pain. Additionally, sensory and motor were intact and the 5/30/2014 NCV/EMG was normal. Therefore the request for 1 epidural injection is non-certified." The stated rationale for the denial of Flexeril was: "After review of the submitted documentation, it appears that the patient has been using Flexeril since at least April of 2014. The cited guidelines state that Flexeril is not recommended to be used for more than 2-3 weeks. The use of Flexeril for approximately 8 months greatly exceeds the guidelines

recommendation and therefore is not medically necessary or indicated at this time." The stated rationale for the denial of Prilosec was: "After review of the submitted documentation, there is no evidence that the patient is at risk of a gastrointestinal event. Additionally, the patient does not present with a history of peptic ulcers and is under the age of 65. Therefore, it is not medically necessary for the patient to be using a proton pump inhibitor. The request for 1 prescription of Prilosec 20mg #90 is non-certified." Lastly, the stated rationale for the denial of compound cream was: "After review of the submitted documentation and the cited guidelines, the continued use of the compounded topical medication is not indicated. As previously determined, the use of Tramadol is not indicated by the aforementioned reasons and therefore the requested compound is not recommended."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Epidural Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Epidural Steroid Injection

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and Epidural steroid injections (ESIs). Page(s): 46.

Decision rationale: Regarding the request for one lumbar epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. In the progress report dated 11/24/2014 and made available for review, the injured worker reported severe back pain that radiated down the right leg and stabbing pain; however, in the physical examination, there was no documentation of positive findings along a dermatomal distribution consistent with radiculopathy. Additionally, the electrodiagnostic studies of the lower extremities done on 5/30/2014 were normal and did not corroborate with the diagnosis of radiculopathy. In the absence of such documentation, the currently requested lumbar epidural steroid is not medically necessary.

Flexeril 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 63-66.

Decision rationale: Regarding the request for Flexeril (cyclobenzaprine), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to

state that Flexeril specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit as a result of the Flexeril. Additionally, it does not appear that this medication is being prescribed and utilized for the short-term treatment of an acute exacerbation, as recommended by guidelines. According to the documentation, Flexeril has been prescribed since at least 6/12/2014. In the absence of such documentation, the currently requested Flexeril 7.5mg #90 is not medically necessary.

Prilosec 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 68-69.

Decision rationale: Regarding the request for Prilosec (Omeprazole), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the medical records available for review, there is no indication that the injured worker has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use as defined by the guidelines, or another indication for this medication. In the progress noted dated 7/16/2014, Prilosec is prescribed to protect the stomach and the most recent notes including one from 11/24/2014 do not identify any gastrointestinal issues. Furthermore, there is no documentation that the injured worker is prescribed an oral NSAID on 11/24/2014. In light of the above issues, the currently requested Prilosec 20mg #90 is not medically necessary.

Tramadol 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 75-80.

Decision rationale: Regarding the request for Ultram (tramadol), Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. As of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. Due to abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. In the progress report dated 11/24/2014 made available for review, there is no indication that the medication is improving the injured worker's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen

(UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram 150mg #60 is not medically necessary.

Topical compound creams to include Ketoprofen, Gabapentin, and Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 113.

Decision rationale: Regarding the compounded cream which includes Ketoprofen, Gabapentin, and Tramadol, Chronic Pain Medical Treatment Guidelines state the following regarding Gabapentin: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Regarding Ketoprofen, the guidelines state: "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, in the absence of guideline support, the currently requested compounded cream, which includes Ketoprofen, Gabapentin, and Tramadol, is not medically necessary.