

Case Number:	CM14-0217747		
Date Assigned:	01/07/2015	Date of Injury:	06/24/2013
Decision Date:	03/03/2015	UR Denial Date:	12/21/2014
Priority:	Standard	Application Received:	12/29/2014

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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 was a 31 year old male, who was injured on the job, June 24, 2013. The injured worker sustained a middle and lower back injury. The injured worker was unloading a truck when a load fell off a forklift, pinning the injured worker against a fence. The injured worker increased with prolonged standing, twisting, walking, lifting, bending, stooping and squatting. The patient rates the middle and low back pain level as 8 out of 10; 0 being no pain and 10 being the worse pain. The x-rays of February 13, 2014, of the thoracic spine, revealed a left list of the thoracic spine. The x-ray of the lumbar spine was negative. The injured worker was diagnosed with thoracic spine sprain/strain, lumbar spine sprain/strain, anxiety and stress. The injured worker underwent shockwave therapy treatments, physical therapy, manipulating therapy, acupuncture, injections and prescribed medications. The progress note of December 5, 2014, the injured worker was taking cyclobenzaprine, pain gel, omeprazole and naproxen once a day which helps some. The documentation submitted for review did not prove the effectiveness of the treatments or medications the injured worker had tried or was taking. On December 20, 2014, the UR denied authorization of Flurbiprofen 5%/Baclofen 2.5%/Dexamethasone .5% 210 grams, Dextromethorphan 2.5%/gabapentin 2.5%/gabapentin 2.5%, Bupivacaine 1.25%/menthol .5%/Camphor .5% 210 grams, Cyclobenzaprine, Naproxen Sodium and Omeprazole. The Flurbiprofen 5%/Baclofen 2.5%/Dexamethasone .5% 210 grams, Dextromethorphan 2.5%/gabapentin 2.5%/gabapentin 2.5%, Bupivacaine 1.25%/menthol .5%/Camphor .5% 210 grams were denied, due to, the MTUS guidelines for not being medically necessary or appropriate. Cyclobenzaprine was denied on the MTUS guidelines. The injured worker was

taking medication for longer than 3 weeks. Cyclobenzaprine not recommended for long term use, therefore found not medically necessary or appropriate. The Naproxen Sodium the medically necessity of this request has not been clearly demonstrated, therefore the request was found not medically necessary or appropriate. Omeprazole the guidelines mention that it should be determined if gastrointestinal events are a risk for the injured worker. In this case the injured worker was not at intermediate risk for a GI event and the request was not reasonable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 5%/Baclofen 2.5%/Dexamethasone .5% 210 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Part 2 pg 111, 112, 113 Page(s): 111-113.

Decision rationale: The requested compounded product MPC3 contains -Flurbiprofen 5%, Baclofen 2.5%, Dexamethasone.5% -MPC3. Topical compounds are generally used for neuropathic pain as second line agents. Studies of the use of topical NSAID's such as Flurbiprofen have generally be small and of short duration. They have suggested clinical utility for short term use with diminishing effects after about 2 weeks. There is little evidence for its utility when used for OA of the spine. Topical agents can have both local effects such as dermatitis and pruritis but more importantly have been shown to have systemic absorption and can have blood levels comparable to oral forms and therefore comparable systemic side effects such as the impact on renal function and cardiovascular risks. Baclofen is NOT recommended. Topical use of Dexamethasone is not explicitly discussed by the MTUS but generally is used with iontophoresis to ensure penetration to the site of inflammation in isolated areas such as treating Lateral Epicondylitis. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. With no indication of efficacy for the product and with a medication that is explicitly not recommended then the compounded product would not be recommended. The UR Non-Certification is supported.

Dextromethorphan 2.5%/gabapentin 2.5%/gabapentin 2.5%, Bupivacaine 1.25%/menthol .5%/Camphor .5% 210 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Part 2, Topical Analgesics, pg 111, 112, 113 Page(s): 111-113.

Decision rationale: The compounded product NPHCC3 contains 'Dextromethorphan 2.5%, Gabapentin 2.5%, Bupivacaine 1.25%, Menthol .5%, Camphor .5%. Dextromethorphan, Menthol, Camphor and Bupivacaine are not explicitly discussed in the MTUS. Topical Lidocaine

(another local anesthetic) is discussed and has be authorized for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Gabapentin is specifically discussed in the MTUS and is NOT recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. With no indication of efficacy for the product and with a medication that is explicitly not recommended then the compounded product would not be recommended. The UR Non-Certification is supported

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Part 2, 60, 63 Page(s): 60, 63.

Decision rationale: The general class of agents used as muscle relaxants are generally recommended for short term use only and with caution due to side effects as second line agents for patients with exacerbations of back pain. There is no evidence that they will show a benefit beyond that of NSAID's or that there is any additional benefit in combination with NSAID's. Efficacy appears to diminish with time and maximal benefit appears to decline after approximately 4 days. Sedation is the most common class effect and needs to be considered in those having to drive or operate heavy equipment. There is no mention of any functional improvement. Based on the short-term indications for use of this class of agent and failure to show evidence for improved function use of Cyclobenzaprine cannot be supported. The UR Non-Certification is supported.

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Part 2, Assessing Treatment Efficacy, NSAIDS Page(s): 13, 60, 67-73.

Decision rationale: Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Naproxen is a member of the NSAID class of agents. NSAID's have a place as second line agents after Acetaminophen for acute exacerbations of chronic pain. They are recommended to be taken at the lowest dose for the shortest period of time. NSAID's appear to be superior to Acetaminophen for moderate to severe pain with osteoarthritis but a Cochrane review suggested they were no better than any other agent for low back pain and showed inconsistent evidence in neuropathic pain. They pose serious risks to the gastro-intestinal track for bleeding as well as negatively impact renal function and raise the risks for acute cardio-vascular events. Relief of pain is generally temporary and measures of lasting benefit should consider the impact of pain relief on improvements in function and increase in

activity, sleep quality and side effects. There is no reported evidence to suggest any significant functional improvement. Given the risks of this class of agent together with the recommendation for short term use in addition to an absence of documentation supporting functional improvement continued use of this medication would not be supported. The UR Non-Certification is supported.

Omeprazole 20 mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's and GI symptoms Page(s): 68.

Decision rationale: A Non-selective NSAID such as Naproxen would be fine without the need for a PPI for patients with no risk factors. This member does not have any risk factors that would move him into the intermediate risk category (for which use of a PPI would be recommended) and therefore the need for the use of Omeprazole is not necessary. Therefore the UR Non-Certification can be supported.