

Case Number:	CM15-0014384		
Date Assigned:	02/02/2015	Date of Injury:	07/14/2009
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

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

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 37-year-old male who reported an injury on 07/14/2009. The mechanism of injury was cumulative trauma. The injured worker had an MRI of the lumbar spine and of the right ankle. The injured worker's medications included muscle relaxants, opiates, and PPIs as of 07/2014. The documentation of 12/04/2014 revealed the injured worker had complaints of pain in the right ankle, left shoulder, and low back. The injured worker on physical examination had ankle tenderness and reduced range of motion. The treatment plan included compounded medications and shockwave therapy. The injured worker had tenderness and spasm over the lumbar spine area with decreased range of motion. The injured worker had tenderness and decreased range of motion in the shoulder, knee, and ankle. The diagnoses included lumbar radiculopathy, lumbar sprain and strain, left rotator cuff syndrome, left shoulder sprain and strain, right ankle sprain and strain, knee sprain and strain, insomnia, and anxiety. The treatment plan included Anaprox 550 mg for inflammation, cyclobenzaprine 7.5 mg for muscle spasm, omeprazole 20 mg prophylactically, hydrocodone 10/325 mg, and cyclobenzaprine/gabapentin/amitriptyline in 180 gm base and capsaicin/Flurbiprofen /gabapentin in 180 gm base. Additionally, the treatment plan included an MRI of the lumbar spine in flexion and extension, back brace and support, and EMG of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Gabapentin 15% and Amitriptyline 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Antidepressants, Topical Antiepileptic Medications Page(s): 111; 13; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31:40.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Peer reviewed literature states that while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. Topical Gabapentin is not recommended as there is no peer reviewed literature to support its use. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. There was a lack of documentation of a trial of antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for both a topical and oral form of muscle relaxant. There was a lack of documentation of exceptional factors. The request as submitted failed to indicate the frequency and body part to be treated as well as the quantity of medication being requested. Given the above, the request for cyclobenzaprine 2%, gabapentin 15%, and amitriptyline 10% is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% and Camphor 2%, .. : 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, Salicylate Topicals, Flurbiprofen, Capsaicin, Gabapentin Page(s): 111; 105;.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Topical

Flurbiprofen FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is no peer-reviewed literature to support the use of topical Gabapentin. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Salicylate Topicals are recommended. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for 2 topical ointments containing gabapentin. There was a lack of documentation indicating a necessity for 2 forms of NSAIDs. The request as submitted failed to indicate the frequency and the body part to be treated as well as the quantity of medication being requested. Given the above, and the lack of documentation, the request for capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, and camphor 2% is not medically necessary.

Anaprox/Naproxen 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term use for the relief of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating the necessity for both a topical and oral form of NSAIDs. The request as submitted failed to indicate the frequency and the quantity of medication. Given the above, the request for Anaprox/naproxen 550 mg is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Injured workers with no risk factors and no cardiovascular disease do not

require the use of a proton pump inhibitor. The clinical documentation submitted for review indicated the use of the medication was for prophylactic use. There was a lack of documentation indicating the injured worker had benefit assessed and been found to be at risk for gastrointestinal events. The request as submitted failed to indicate the frequency and the quantity of the medication being requested. Additionally, the medication Anaprox was found to be not medically necessary and as such, the request for the PPI would not be necessary. Given the above, the request for omeprazole 20 mg is not medically necessary.

Cyclobenzaprine 7.5mg: 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 Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement and exceptional factors. There was a lack of documentation indicating a necessity for both a topical and oral form of the medication. The request as submitted failed to indicate the frequency and the quantity of the medication being requested. Given the above, the request for cyclobenzaprine 7.5 mg is not medically necessary.