

Case Number:	CM15-0015389		
Date Assigned:	02/03/2015	Date of Injury:	07/29/2014
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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: North Carolina, Georgia
 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 is a 60 year old female, who sustained an industrial injury on 7/29/14. She has reported low back and neck injuries after lifting a stack of charts. The diagnoses have included brachial neuritis/radiculitis, lumbosacral neuritis/radiculitis, headache, cervical sprain/strain of the lumbar spine. Treatment to date has included medications, diagnostics, chiropractic and surgery. Surgery included cervical fusion. Currently, the injured worker complains of intermittent moderate neck pain that radiates to lower back rated 5/10 with burning low back pain that radiates to mid back rated 5/10. Physical exam revealed tenderness to palpation of the cervical muscles. There is muscle spasm, cervical compression is positive and depression is positive bilaterally. The lumbar spine revealed tenderness to palpation of the muscles, straight leg raise causes pain on the left and kemps causes pain bilaterally. There were no results of diagnostic studies noted. Work status was temporary totally disabled. On 12/31/14 Utilization Review non-certified a request for Pantoprazole 20mg #60, Fluribiprofen 20% Tramadol 20% in mediderm base 30gm, Gabapentin 10%/Dextromethorphan 10%/ Amitriptyline 10% in mediderm base 30gm, Gabapentin 10%/Amitriptyline 10% Buprivacaine 5% in cream base 210gm, Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025% in cream base 210gm, Urine Drug screen and confirmations ordered for medication management purposes, and Cyclobenzaprine 7.5mg #90, noting that regarding the compounded topical creams Fluribiprofen 20% Tramadol 20% in mediderm base 30gm, Gabapentin 10%/Dextromethorphan 10%/ Amitriptyline 10% in mediderm base 30gm, Gabapentin 10%/Amitriptyline 10% Buprivacaine 5% in cream base 210gm, Flurbiprofen 20%/

Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025% in cream base 210gm, they were non certified due to the ingredients that they contain. Regarding the Urine Drug screen and confirmations ordered for medication management purposes, the physician noted that the injured worker was not currently prescribed any narcotics and a urine drug screen was certified on 10/14/14. Regarding the Cyclobenzaprine 7.5mg #90, the physician noted that the injured worker was taking the medications since at least 7/2014. Regarding the Pantoprazole 20mg #60, the physician noted there was a lack of documentation of gastrointestinal symptoms. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and pantoprazole therefore is not medically necessary.

Flurbiprofen 20% Tramadol 20% in mediderm 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 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of agents which are not FDA approved for topical use. Flurbiprofen is not FDA approved for topical application and therefore flurbiprofen/tramadol is not medically indicated.

Gabapentin 10%/Dextromethorphan 10%/ Amitriptyline 10% in mediderm 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 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. Gabapentin in topical formulation is explicitly not approved in the CA MTUS as there is no peer reviewed literature to support its use. As such, the request for Gabapentin/dextromethorphan/amitriptyline is not medically necessary and the original UR decision is upheld.

Gabapentin 10%/Amitriptyline 10% Bupivacaine 5% in cream base 210gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. Gabapentin in topical formulation is explicitly not approved in the CA MTUS as there is no peer reviewed literature to support its use. As such, the request for Gabapentin/amitriptyline/bupivacaine is not medically necessary and the original UR decision is upheld.

Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025% in cream base 210gm: Upheld

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

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

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical components are not approved. Flurbiprofen is not approved by the FDA for topical use and muscle relaxers are not approved for topical application in MTUS and therefore flurbiprofen/baclofen/dexamethasone/menthol/camphor is not medically necessary.

Urine Drug screen and confirmations ordered for medication management purposes:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Screen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78. Decision based on Non-MTUS Citation ODG Pain

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, a urine drug screen has been performed within past 6 months, there is no documentation of any high risk or aberrant behavior and there is no documentation of any active use of medication for which drug testing is indicated. There is no medical indication for urine drug screen and the original UR denial is upheld.

Cyclobenzaprine 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 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Flexeril. This is not medically necessary and the original UR decision is upheld.