

Case Number:	CM15-0120563		
Date Assigned:	07/01/2015	Date of Injury:	08/06/2001
Decision Date:	09/28/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 male, who sustained an industrial injury on 8/6/2001. The current diagnoses are cervical discopathy with disc displacement, cervical radiculopathy, lumbar discopathy with disc displacement, and lumbar radiculopathy. According to the progress report dated 2/7/2015, the injured worker complains of neck pain with radiation down both arms and associated with numbness and tingling. Additionally, he reports low back pain with radiation down both legs and associated with numbness and tingling. The level of pain is not rated. The physical examination of the cervical spine reveals tenderness to palpation over the paraspinal musculatures, decreased range of motion secondary to pain and stiffness, and positive Spurling's test bilaterally. Examination of the lumbar spine reveals tenderness to palpation over the paraspinal musculature, tenderness to palpation over bilateral sacroiliac joints, decreased range of motion secondary to pain and stiffness, positive straight leg raise test bilaterally, diminished sensation to light touch and pinprick in the bilateral L5 and S1 dermatomal distribution, and positive Fabere and Patrick's tests bilaterally. The current medications are Fexmid, Nalfon, Paxil, Prilosec, Ultram ER, Norco, Soma, and topical compound creams. Per notes, the injured worker had been prescribed these medications since at least March 2014. Treatment to date has included medication management, MRI studies, physical therapy, chiropractic, electrodiagnostic testing, and injections. Work status was noted for the injured worker to remain off-work. A request for Fexmid, Nalfon, Paxil, Prilosec, Norco, and topical compound cream has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines, Fexmid (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Guidelines recommend Fexmid (Cyclobenzaprine) be used as an option, using a short course of therapy of 2-3 weeks, and only as a second line option. Limited, mixed-evidence does not allow for a recommendation for chronic use. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Physician report fails to show clinical evidence of muscle spasms to necessitate the use of a muscle relaxant. In addition, the guidelines only recommend use of this medication for a short duration, and not longer than 2-3 weeks. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Fexmid. The request for Fexmid (Cyclobenzaprine) 7.5mg #120 is not medically necessary per MTUS guidelines.

Nalfon (Fenoprofen Calcium) 400mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Additionally, NSAIDs can be used as an option for short-term symptomatic relief of chronic low back pain. The guidelines indicate that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded. In this case, there is documentation of ongoing treatment with Nalfon since at least 3/10/2014. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant improvement in pain on current medication regimen. With MTUS guidelines not being met, the request for Nalfon (Fenoprofen Calcium) 400mg #90 is not medically necessary.

Paxil (Proxetine HCL) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic) SSRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13- 16.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Selective Serotonin Reuptake Inhibitors (SSRIs), are not recommended as a treatment for chronic pain. In addition, these drugs have not been shown to be effective for low back pain. The main role of SSRIs is in treating psychological symptoms associated with chronic pain. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Documentation fails to show that the injured worker is diagnosed with Depression. Furthermore, there is no significant functional improvement to establish the medical necessity for ongoing use of Paxil. The request for Paxil (Proxetine HCL) 20mg #60 is not medically necessary per guidelines.

Prilosec (Omeprazole DR) 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors be used with precautions. The clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors. Factors determining if a patient is at risk for gastrointestinal events include: age greater than 65 years, history of peptic ulcer, GI (gastro-intestinal) bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant or high dose/multiple NSAID use. In this case, there is no documentation that the injured worker is at risk for gastrointestinal events or cardiovascular complications to support the use of proton-pump inhibitors. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Prilosec (Omeprazole DR) 20mg #90 is not medically necessary.

Norco (Hydrocodone Bitartrate and Acetaminophen) 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain,

increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck and low back pain. Documentation fails to demonstrate adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco (Hydrocodone Bitartrate and Acetaminophen) 10/325mg #120 is not medically necessary.

Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%, 15 gm: Upheld

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

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application and MTUS provides no evidence recommending the use of topical Menthol or Camphor. Capsaicin is only recommended when other, conventional treatments have failed. Assuming medical necessity, the MTUS recommends the 0.025% strength for the more common indications (osteoarthritis, fibromyalgia, non-specific back pain). The MTUS states that there is no evidence supporting the 0.0375% strength over the lower, and widely available, 0.025% strength. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%, 15 gm is not medically necessary by MTUS.

Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%, 60 gm: Upheld

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

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application and MTUS provides no evidence recommending the use of topical Menthol or Camphor. Capsaicin is only recommended when other, conventional treatments have failed. Assuming medical necessity, the MTUS recommends the 0.025% strength for the more common indications (osteoarthritis, fibromyalgia, non-specific back pain). The MTUS states that there is no evidence supporting the 0.0375% strength over the lower, and widely available, 0.025% strength. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%, 60 gm is not medically necessary by MTUS.

