

Case Number:	CM15-0132532		
Date Assigned:	07/24/2015	Date of Injury:	06/25/2014
Decision Date:	12/21/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/09/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old male, who sustained an industrial injury on 6-25-14. The injured worker has complaints of constant severe achy, sharp, stabbing, throbbing, burning neck pain, stiffness, heaviness, numbness, tingling and weakness radiating to left shoulder with numbness, tingling weakness and cramping. The injured worker has complaints of constant moderate achy, sharp stabbing, throbbing, burning low back pain, stiffness, heaviness, numbness, tingling and weakness radiating to left leg with numbness, tingling, weakness and cramping. Left shoulder pain in that the injured worker rated 9 out of 10 with stabbing throbbing, burning left shoulder pain, heaviness, numbness, tingling and weakness with numbness, tingling, weakness and cramping. Cervical spine range of motion is decreased and painful. There is tenderness to palpate of the bilateral trapezii and cervical paravertebral muscles and there is muscle spasm of the cervical paravertebral muscles. Cervical compression causes pain and shoulder depression is positive bilaterally. Lumbar spine range of motion is decreased and painful. There is tenderness to palpation of the bilateral S1 (sacroiliac) joints and lumbar paravertebral muscles and there is muscle spasm of the lumbar paravertebral muscles. Straight leg raise causes pain bilaterally. Left shoulder range of motion is decreased and painful and there is tenderness to palpation of the acromioclavicular joint, anterior shoulder, posterior shoulder and supraspinatus and there is muscle spasm of the anterior shoulder. Magnetic resonance imaging (MRI) of the left shoulder on 9-19-14 revealed full thickness rotator cuff tear supraspinatus, partial thickness tears of infraspinatus and subsacpularis tendons, partial thickness tearing of long head of biceps tendon. The diagnoses have included displacement of

cervical intervertebral disc without myelopathy; sprain of neck; displacement of lumbar intervertebral disc without myelopathy; lumbago; lumbago; sprain of lumbar and brachial neuritis or radiculitis not otherwise specified. Treatment to date has included tramadol; pantoprazole; cyclo-benzaprine; diclofenac sodium and topical creams. The original utilization review (7-7-15) non-certified the request for tramadol 150mg #30; pantoprazole 20mg #60; cyclobenzaprine 7.5mg #90; diclofenac Na 100mg #60; Gab (gabapentin 10%, amitriptyline 10%, bupivacaine 5% in cream base), refill: 0 and compound FBD-flurbiprofen 20% baclofen 5% dexamethasone 2%, menthol 2% camphor 2%, capsaicin 0.025% in cream base: 30 grams-72 hours supply given to patient from office, 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 Mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Tramadol 150 Mg #30 is not medically necessary.

Pantoprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Pantoprazole 20mg, #60 is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Cyclobenzaprine 7.5mg #90 is not medically necessary.

Diclofenac Na 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

Decision rationale: According to the Official Disability Guidelines, Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid Diclofenac because it increases the risk by about 40%. Diclofenac Na 100mg #60 is not medically necessary.

Gab (Gabapentin 10%/ Amitriptyline 10%/Bupivacaine 5% In Cream Base), Refill: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Gab (Gabapentin 10%/ Amitriptyline 10%/Bupivacaine 5% In Cream Base), Refill: 0 is not medically necessary.

Compound FBD - Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base: 30 grams/72 hours supply given to patient from office; 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Compound FBD - Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base: 30 grams/72 hours supply given to patient from office; 240 grams is not medically necessary.