

Case Number:	CM15-0171822		
Date Assigned:	09/14/2015	Date of Injury:	08/22/2012
Decision Date:	11/05/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/01/2015

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 54-year-old male who sustained an industrial injury on August 22, 2012. A primary treating office visit dated August 04, 2015 reported subjective complaint of neck and low back pains. Treatment modality included: activity modification, medication, and chiropractic treatment, and acupuncture, local therapy of ice and heat application, exercise, physical therapy. The following diagnoses were applied: cervical radiculopathy, and lumbar radiculopathy, herniated nucleus pulposus. The plan of care noted involving recommendation to administer cervical interlaminar epidural targeting C4-5 and C5-6. A primary visit dated March 17, 2015 reported the treating diagnoses to include: cervical disc displacement; cervical muscle spasm, cervical radiculopathy, cervical strain and sprain, lumbar disc protrusion, lumbar radiculopathy, lumbosacral strain and sprain, and tarsal tunnel syndrome. The plan of care noted involving continuing with chiropractic care; continue with acupuncture, pending spine surgeon consultation. Primary care visit dated April 16, 2015 reported the following medications dispensed: Tramadol ER, Gabapentin, and Pantoprazole. Medications prescribed this visit included: two topical compound creams. The plan of care noted recommending additional chiropractic and acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/Tramadol/Ketamine/Menthol/Camphor: 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: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. Topical Tramadol is not recommended per applicable guidelines. There is no mention of failure to traditional oral first line agents. Therefore, the requested treatment is not medically necessary

Naproxen Sodium 550mg #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 (non-steroidal anti-inflammatory drugs).

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. Within the submitted records, there were no extenuating circumstances to justify non-adherence to guideline recommendations. Long-term NSAID use is not recommended. Therefore, the requested treatment 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: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). As the request for NSAID therapy has been non-certified, the concurrent request for proton pump inhibitor Pantoprazole is also non-certified. There is increased risk for developing major fractures involving the hip with long-term use of PPI agents. Increased use has also been associated with development of electrolyte

abnormalities, and clostridium difficile infection and associated diarrhea. As such, this request is not medically necessary.

Cyclobenzaprine HCL 7.5mg #90: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The MTUS states that Cyclobenzaprine treatment should be brief, with a short course of therapy. Additionally, the MTUS states that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Within the submitted records, there are no specifics as to how muscle relaxants are reducing pain using validated measures. There is no extenuating circumstance documented to warrant non-adherence to guidelines. This request is not medically necessary.

HMPHCC2 Flurbiprofen/Baclofen/Camphor/Menthol/Dexamethasone/Micro/Capsaicin/Hyaluronic acid: 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: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. Topical Baclofen is not recommended per applicable guidelines, rendering the product as a whole to be not recommended. There is no mention of failure to traditional oral first line agents. Therefore the requested treatment is not medically necessary.

HNPC1 Amitriptyline HCL/Gabapentin/Bupivacaine HCL/Hyaluronic acid 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: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. Topical Gabapentin is not recommended per applicable guidelines, rendering the product as a whole to be not recommended. There is no mention of failure to traditional oral first line agents. Therefore, the requested treatment is not medically necessary.