

Case Number:	CM15-0173898		
Date Assigned:	09/22/2015	Date of Injury:	04/02/1998
Decision Date:	11/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 71 year old female, who sustained an industrial-work injury on 4-2-98. A review of the medical records indicates that the injured worker is undergoing treatment for cervical discopathy with left sided radiculopathy, bilateral upper extremity overuse tendinopathy, and lumbar disc herniation with sciatica, gastrointestinal disturbance and psychiatric complaints. Medical records dated from 3-6-15 to 6-18-15 indicate that the injured worker complains of low back pain, left leg pain, neck pain, pain in the left foot, and right thumb. There are associated symptoms of numbness and tingling in the left upper extremity and swelling in the bilateral lower extremities (BLE). The pain is rated 6-8 out of 10 on pain scale which has been unchanged. The medical record dated 3-6-15 the physician indicates that the injured worker is currently taking Metaxalone, Gabapentin, Diclofenac and Pantoprazole which she states are all helping. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 3-6-15 the injured worker has not returned to work. The physical exam dated 6-18-15 reveals that she has an antalgic gait on the left and painful to perform heel toe maneuver. There is lumbar spine tenderness, spasm and tightness. The lumbar range of motion is reduced. The sciatic stretch is positive and there is decreased S1 sensation. There is weakness on extension against resistance with 4 out of 5 motor power. The physician indicates that she has less use of oral medications due to her gastrointestinal complaints with medication. Treatment to date has included pain medication, activity modifications, acupuncture, diagnostics, and other modalities. The treating physician indicates that the urine drug test result dated 10-17-14 was consistent with the medication prescribed. The request for authorization date was 6-18-15 and requested services included Celebrex 200mg #60, Gabapentin 600mg #60, Skelaxin 800mg #90 and Topical compound Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% cream

#120 grams. The original Utilization review dated 8-5-15 non-certified the request for Celebrex 200mg #60 as there is no documentation of painful diabetic neuropathy and or post herpetic neuralgia and no documented quantifiable functional improvement to support continued use of the medication. The request for Skelaxin 800mg #90 was non-certified as there is no documentation of a maintained increase in function or decrease in pain with use of the medication. However due to the nature of the drug, weaning is recommended. The request for Topical compound Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% cream #120 grams is non-certified as per the guidelines topical compound medications have not been adequately proven with regards to overall efficacy or safety and there is no evidence of any extenuating circumstances in this specific case therefore, not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Overturned

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): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The guidelines noted that the use of NSAIDs be limited to the minimum possible dosage for the shortest time period. The records indicate that the patient reported significant pain relief but no adverse effect with utilization of Celebrex. The criteria for the use of Celebrex 200mg #60 were met. Therefore, the request is medically necessary.

Gabapentin 600mg #60: Overturned

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): Anti-epilepsy drugs (AEDs), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anti-convulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anti-convulsant medications can be utilized for the treatment of neuropathic pain and chronic pain syndrome. The beneficial effects with the use of gabapentin reduction in pain, mood stabilization, reduction in analgesic utilization and functional restoration. The records indicate efficacy and functional restoration with utilization of gabapentin. There was no report of adverse medication effect. The criteria for gabapentin 600mg #60 were met. The request is medically necessary.

Skelaxin 800mg #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): Medications for chronic pain, Metaxalone (Skelaxin), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, behavioral modifications, exercise and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative agents. The guidelines recommend the monitoring of liver function because chronic utilization of metaxalone can be associated with hepatic toxicity. The records did not show serial monitoring of liver function test. The records show that the duration of utilization of the muscle relaxant had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Skelaxin 800mg #90 were not met. The request is not medically necessary.

Topical compound Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% cream #120 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): Capsaicin, topical, Medications for chronic pain, Non-prescription medications, NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when treatments with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that topical medications be utilized individually for evaluation of efficacy. There is lack of guidelines support for the utilization of menthol or camphor for the treatment of chronic musculoskeletal pain. The criteria for topical compound flurbiprofen 25% / menthol 10% / camphor 3% / capsaicin 0.0375% cream 129 grams was not met. The request is not medically necessary.