

Case Number:	CM15-0175407		
Date Assigned:	09/16/2015	Date of Injury:	05/21/2010
Decision Date:	11/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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 53 year old female, who sustained an industrial injury on 5-21-10. The injured worker was diagnosed as having cervical and lumbar disc protrusion; cervical and lumbar myospasm; cervical and lumbar radiculopathy; right shoulder impingement syndrome; left shoulder impingement syndrome; wrist sprain-strain. Treatment to date has included chiropractic therapy; back support; urine drug screening; medications. Currently, the PR-2 notes dated 6-15-15 are "SOAP" notes. These notes indicated the injured worker complained of low back pain. The provider documents the injured worker reports "constant moderate achy low back pain and stiffness on UB channel, aggravated by prolonged standing and walking, decreased and painful ROM L-S, moderate tenderness on the bilateral SI joints and lumbar paravertebral muscles." The PR-s notes dated 6-8-15, the provider documents: "Cervical spine constant moderate neck pain and stiffness radiating to shoulders, aggravated by prolonged looking up and prolonged looking down and prolonged sitting. Pain scale 7 out of 10; The lumbar spine: constant moderate to severe dull and sharp low back pain and stiffness, aggravated by cold weather, movement, sitting, standing, walking, pain scale 8 out of 10." He continues his documentation with "cervical spine: The ranges of motion are decreased and painful. There is tenderness to palpation of the cervical paravertebral muscles. There is muscle spasm of the cervical paravertebral muscles. Cervical compression is positive. Shoulder depression is positive bilaterally. Lumbar spine: The ranges of motion are decreased and painful. There is tenderness to palpation of the lumbar paravertebral muscles. There is muscles spasm of the lumbar paravertebral muscles." A Request for Authorization is dated 9-4-15. A Utilization Review letter is dated 8-5-15 and non-certification was for Norco 10/325 QTY 120; Soma 350mg QTY 90;

Protonix 20mg QTY 60; Compound HMPC2-Flurbiprofen 20%/ Baclofen 10%/ Dexamethasone micro 0.2%/ Hyaluronic Acid 0.2% in cream base 240gm and Compound HNPC1-Amitriptyline HCL 10%/ Gabapentin 10%/ Bupivacaine HCL 5%/ Hyaluronic Acid 0.2% in cream base. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines. Utilization Review modified the requested Xanax 1mg QTY 60 to the quantity of #45, a 25% reduction to initiate weaning process using the CA MTUS Guidelines. The provider is requesting authorization of Norco 10/325 QTY 120; Soma 350mg QTY 90; Xanax 1mg QTY 60; Protonix 20mg QTY 60; Compound HMPC2-Flurbiprofen 20%/ Baclofen 10%/ Dexamethasone micro 0.2%/ Hyaluronic Acid 0.2% in cream base 240gm and Compound HNPC1-Amitriptyline HCL 10%/ Gabapentin 10%/ Bupivacaine HCL 5%/ Hyaluronic Acid 0.2% in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 QTY 120: 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. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325 QTY 120 is not medically necessary.

Soma 350mg QTY 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): Carisoprodol (Soma).

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg QTY 90 is not medically necessary.

Xanax 1mg QTY 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): Benzodiazepines.

Decision rationale: Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Xanax 1mg QTY 60 is not medically necessary.

Protonix 20mg QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Pain (chronic).

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. Protonix 20mg QTY 60 is not medically necessary.

Compound HMPC2-Flurbiprofen 20%/ Baclofen 10%/ Dexamethasone micro 0.2%/ Hyaluronic Acid 0.2% in cream base 240gm: 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 HMPC2-Flurbiprofen 20%/Baclofen 10%/Dexamethasone micro 0.2%/Hyaluronic Acid 0.2% in cream base 240gm is not medically necessary.

Compound HNPC1-Amitriptyline HCL 10%/ Gabapentin 10%/ Bupivacaine HCL 5%/ Hyaluronic Acid 0.2% in cream base: 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. Compound HNPC1-Amitriptyline HCL 10%/ Gabapentin 10%/ Bupivacaine HCL 5%/ Hyaluronic Acid 0.2% in cream base is not medically necessary.