

Case Number:	CM15-0176269		
Date Assigned:	09/17/2015	Date of Injury:	03/14/2015
Decision Date:	11/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 was a 38 year old male, who sustained an industrial injury, March 14, 2015. According to progress note of July 8, 2015, the injured worker's chief complaint was low back pain and muscle spasms. The injured worker rated the pain at 6- 7 out of 10. The pain was described as constant, moderate to severe. There were associated symptoms of numbness and tingling of the bilateral lower extremities. The pain was aggravated by sitting, standing, walking, bending, raising from a sitting position, ascending or descending stairs and stooping. The pain was relieved by rest, medications and restriction. The injured worker reported that the symptoms persist but the medications do offer temporary relief of pain and improve ability to have restful sleep. There were no problems with the medications. The physical exam noted tenderness to palpation at the lumbar paraspinal muscles, quadratus lumborum with a trigger point noted and at the lumbosacral junction. There was decreased range of motion in all planes of the lumbar spine. According to the progress note of June 10, 2015, the injured worker's pain level was 7 out of 10 at this visit also. The injured worker continued with the same type and severity of pain. The injured worker was undergoing treatment for low back pain and right knee pain and disc herniation. The injured worker previously received the following treatments Tramadol, Cyclobenzaprine, Ketoprofen cream, Tabradol, Deprizine, Dicopanol, Fanatrex and Synapryn. The RFA (request for authorization) dated July 28, 2015; the following treatments were requested prescriptions for Deprizine, Dicopanol, Tabradol and topical cream. The UR (utilization review board) denied certification on August 18, 2015, not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Deprizine 5 mg/ml, 250 ml (DOS - 7/28/2015): 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: MTUS regarding the use of proton pump inhibitors (PPI) such as protonix for prophylaxis use indicates that the following risk factors should be present, "(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 (e.g., NSAID + low-dose ASA)." Documentation provided does not suggest that the patient has any of the risk factors noted above. The ranitidine is recommended not medically necessary.

Retrospective Dicopanol 5 mg/ml, 150 ml (DOS - 7/28/2015): 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 <http://www.drugs.com/pro/dicopanol.html>.

Decision rationale: MTUS, ACOEM and ODG do not provide any support for the use of anti-histamines for the management of pain or of neuropathic symptoms. Anti-histamines are useful as sleep aids or for the management of allergic reactions. There is no indication for an anti-histamine for this patient's symptoms. The request is not medically necessary.

Retrospective Tabradol 1 mg/ml, 250 ml (DOS - 7/28/2015): 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): Muscle relaxants (for pain).

Decision rationale: Per MTUS page 84: Cyclobenzaprine (Flexeril, Amrix, Fexmid™, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Muscle spasm was likely a component of the patient's pain. As such, a trial of this medication was indicated. The request is medically necessary.

Retrospective topical Cyclobenzaprine 5% cream, 110 grams (DOS - 7/28/2015): 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, page 111, Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, anti-depressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS does not support topical cyclobenzaprine. The request is not medically necessary.

Retrospective topical Ketoprofen cream 20%, 167 grams (DOS - 7/28/2015): 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, page 111, Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per MTUS page 111, Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Use of a topical NSAID containing formulation is not supported by MTUS. The request is not medically necessary.