

Case Number:	CM15-0029632		
Date Assigned:	02/23/2015	Date of Injury:	01/24/2014
Decision Date:	06/15/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/18/2015

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: New York
 Certification(s)/Specialty: Internal 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 37-year-old male, who sustained an industrial injury on January 24, 2014. The injured worker was diagnosed as having lumbar disc protrusion, lumbar myospasm, lumbar pain, lumbar sprain/strain and lumbar radiculopathy. Treatment to date has included trigger point impedance imaging, sleep study, medications, and lumbar spinal decompression therapy. Currently, the injured worker complains of constant moderate to severe dull achy sharp low back pain with stiffness and weakness. The pain is aggravated by sitting, standing, walking, bending and squatting. He rates the pain a 7 on a 10-point scale. There is tenderness to palpation of the lumbar paravertebral muscles and he has bilateral positive sitting straight leg raises. The treatment plan includes physical therapy, podiatry consultation, and orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective pantoprazole sodium 20mg quantity (DOS: 12/04/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Proton Pump Inhibitors (PPIs) are indicated for treatment of gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation fails to support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. The request for Retrospective pantoprazole sodium 20mg quantity (DOS: 12/04/14) is not medically necessary per MTUS guidelines.

Retrospective naproxen sodium 550mg quantity 60 (DOS: 12/04/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of significant functional improvement or documentation of acute exacerbation. With MTUS guidelines not being met, the request for Retrospective naproxen sodium 550mg quantity 60 (DOS: 12/04/14) is not medically necessary.

Retrospective flurbiprofen 20%, tramadol 20% in mediderm base 30gm (DOS: 12/04/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application and MTUS states that the use of muscle relaxants as a topical agent is not recommended. Per guidelines, any compounded product that contains at least one drug (or drug

class) that is not recommended is not recommended. The request for Retrospective flurbiprofen 20%, tramadol 20% in mediderm base 30gm (DOS: 12/04/14) is not medically necessary per guidelines.

Retrospective gabapentin 10%, dextromethorphan 10%, amitriptyline 10% in mididerm base 30gm (DOS: 12/04/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Per guidelines, the use of topical Gabapentin is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retrospective gabapentin 10%, dextromethorphan 10%, amitriptyline 10% in mididerm base 30gm (DOS: 12/4/14) is not medically necessary per guidelines.

Retrospective gabapentin 10%, amitriptyline 10%, bupivacaine 5% in cream base 210gm (DOS: 12/04/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states that the use of topical Gabapentin is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retrospective gabapentin 10%, amitriptyline 10%, bupivacaine 5% in cream base 210gm (DOS: 12/04/14) is not medically necessary per guidelines.

Retrospective flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, capsaicin .025% in cream base 210gm (DOS: 12/04/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Topical Baclofen is not recommended by MTUS and Flurbiprofen is not FDA approved for topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retrospective flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, capsaicin .025% in cream base 210 gm (DOS: 12/04/14) is not medically necessary per guidelines.

Retrospective urine toxicology screen (DOS: 12/04/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Documentation does not provide information regarding previous urine drug testing and there is no evidence to support that the injured worker is at high risk of addiction or aberrant behavior to establish the medical necessity or determine the frequency of urine drug testing. The request for Retrospective urine toxicology screen (DOS: 12/04/14) is not medically necessary.