

Case Number:	CM15-0037166		
Date Assigned:	04/01/2015	Date of Injury:	08/20/2013
Decision Date:	05/11/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	02/27/2015

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 35-year-old male who reported an injury on 08/20/2013 after bending over a tire. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, epidural steroid injections and pain management. The injured worker's diagnoses included lumbar disc herniation without myelopathy, lumbar degeneration, degenerative joint disease, lumbar myospasms, left sided lumbar radiculitis and morbid obesity. The injured worker was evaluated on 01/13/2015. It was documented that the injured worker's medications included Xanax, Prilosec, Anaprox, cyclobenzaprine and Norco. It was also noted that the injured worker was prescribed 2 topical medications. It was noted that the injured worker's pain was described as unchanged. The injured worker was monitored for medication compliance with urine drug screens. The injured worker's treatment plan included continue medications and fusion surgery. A Request for Authorization was submitted on 01/13/2015. The injured worker was evaluated on 03/10/2015. The injured worker's physical findings included painful range of motion of the lumbar spine with a positive straight leg raising test bilaterally. A Request for Authorization for continued medications and a urinalysis was submitted on 03/10/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in mediderm base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 23, and 67-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The requested gabapentin 10%, amitriptyline 10% and dextromethorphan 10% in a Medi-Derm base is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of gabapentin as a topical analgesic, as there is little scientific evidence to support the efficacy and safety of this type of medication. Additionally, peer reviewed literature does not support the use of amitriptyline as a topical analgesic as there is little to no medical based evidence to support the efficacy and safety of this medication in a topical solution. Although dextromethorphan is supported by peer reviewed literature to treat neuropathic pain in a topical formulation, California Medical Treatment Utilization Schedule does not recommend any medication that contains at least 1 medication that is not recommended. Additionally, the request as it is submitted does not provide an applicable body part or duration of use. As such, the requested gabapentin 10%, amitriptyline 10% and dextromethorphan 10% in a Medi-Derm base is not medically necessary or appropriate.

Flurbiprofen 20%, Baclofen 10%, Dextromethorphan 2% in Cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 23, and 67-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The requested Flurbiprofen 20%, baclofen 10% and dextromethorphan 2% is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of nonsteroidal anti-inflammatory drugs in a topical formulation for spine pain. The clinical documentation indicates that the injured worker's pain is primarily focused on the lumbar spine. Additionally, California Medical Treatment Utilization Schedule does not recommended the use of baclofen in a topical formulation as there is little scientific evidence to support the efficacy and safety of this medication. Although peer reviewed medical literature does support the use of dextromethorphan to treat neuropathic pain in a topical formulation, California Medical Treatment Utilization Schedule does not support the use of any medication that contains at least 1 drug or drug class that is not supported. Additionally, the request as it is submitted does not provide an applicable body part or duration of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Flurbiprofen 20%, baclofen 10% and dextromethorphan 2% in cream base is not medically necessary or appropriate.

Terocin patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 23, and 67-79. Decision based on Non-MTUS Citation Official Disability Guidelines 9ODG); Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Lidocaine Page(s): 105, 111 and 112.

Decision rationale: The requested Terocin patches are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of any medication that contains at least 1 drug or drug class that is not recommended. Terocin patches contain elements to include capsaicin, lidocaine and methyl salicylate. The California Medical Treatment Utilization Schedule does recommend the use of lidocaine and methyl salicylate in a topical formulation to treat neuropathic pain. However, the use of capsaicin should be reserved for patients who have failed to respond to other types of medication management. The clinical documentation submitted for review does not indicate that the injured worker has failed to respond to medication management and requires the use of Terocin patches. Additionally, the request as it is submitted does not clearly identify an applicable body part or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Terocin patches #30 are not medically necessary or appropriate.

Xanax/Alprazolam 0.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Xanax/alprazolam 0.5 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the long term use of benzodiazepines in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 10/2014. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested Xanax/alprazolam 0.5 mg #60 is not medically necessary or appropriate.

Prilosec/Omeprazole DR 20mh #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

Decision rationale: The requested Prilosec/omeprazole DR 20 mh #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication use. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that they are at risk for developing gastrointestinal events. Additionally, the request as it is submitted does not

clearly identify a frequency of treatment or an appropriate dosage. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Prilosec/omeprazole DR 20 mh #60 is not medically necessary or appropriate.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested cyclobenzaprine 7.5 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of muscle relaxants be reserved for short courses of treatment, not to exceed 2 to 4 weeks. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 10/2014. The clinical documentation does not provide any exceptional factors to support continued use beyond guideline recommendations. Additionally, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested cyclobenzaprine 7.5 mg #60 is not medically necessary or appropriate.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use Opioids; Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the continued use of opioids in the management of chronic pain if supported by an adequate pain assessment to establish efficacy, documentation of functional benefit, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 10/2014 and is monitored for aberrant behavior with urine drug screens that are consistent with medication prescriptions. However, the clinical documentation fails to provide an adequate assessment of pain relief or documentation of functional benefit to support continued use of this medication. Additionally, the request as it is submitted does not identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #90 is not medically necessary or appropriate.

Anaprox (Naproxen) 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 78.

Decision rationale: The requested Anaprox (naproxen) 550 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, continued use should be supported by documented functional benefit and an assessment of pain relief to support the efficacy of the medication. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 10/2014. There is no adequate pain assessment to support continued use of this medication. Furthermore, there is no indication that the injured worker has any type of functional benefit resulting from the use of medication. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Anaprox (naproxen) 550 mg #60 is not medically necessary or appropriate.