

Case Number:	CM15-0039242		
Date Assigned:	03/10/2015	Date of Injury:	12/06/2013
Decision Date:	05/26/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	03/02/2015

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 63-year-old female, who sustained an industrial injury on 12/6/2013. She reported that her neck and back twisted and she felt dizzy and nauseated in a shaking elevator; she complained of neck and back pain. The diagnoses include headache, cervical disc displacement, cervical facet syndrome, cervical radiculopathy and lumbar radiculopathy. Treatment to date has included chiropractic manipulation and medication. According to the progress report dated 12/5/2014, the injured worker complained of occasional, moderate throbbing headache. She complained of activity-dependent moderate, dull, achy neck pain and tingling. She complained of occasional moderate throbbing low back pain. She also complained of loss of sleep due to pain. The injured worker suffered from depression, anxiety and lack of motivation. Physical exam revealed decreased range of motion of the cervical and lumbar spine. The treatment plan was for medications: Soma, Pantoprazole and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

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. Documentation does not support that the injured worker is at high risk of addiction or aberrant behavior and there is documentation of recent urine drug screen collected on 8/1/2014 that is consistent with prescribed medications. Per guidelines, the request for urine drug screen is not medically necessary.

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, 180 grams (30-day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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. Therefore, this request is not medically necessary.

Flubiprofen 20%, Baclofen 5%, Dexamethasone 2%, Capsaicin 0.25%, 180 grams (30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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. 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 Flubiprofen 20%, Baclofen 5%, Dexamethasone 2%, Capsaicin 0.25%, 180 grams (30-day supply) is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Use of Carisoprodol (Soma) is not recommended for longer than a 2 to 3 week period. Documentation provided indicates that the injured worker has been prescribed this medication long term with no significant improvement in pain or function. With guidelines not being met, the request for Soma 350mg #90 is not medically necessary.

Retrospective request for Pantoprazole 20mg #60 (DOS: 12/5/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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 used to treat gastrointestinal conditions such as Gastro esophageal 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 does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Pantoprazole. The request for Retrospective request for Pantoprazole 20mg #60 (DOS: 12/5/14) is not medically necessary.

Retrospective request for 72 hours creams (DOS: 12/5/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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. Any compounded product that contains at

least one drug (or drug class) that is not recommended is not recommended. Documentation fails to provide details regarding the name of the topical agents, dose or quantity, for the request under review. The request for Retrospective request for 72 hours creams (DOS: 12/5/14) is not medically necessary by MTUS and lack of pertinent information.