MAXIMUS Federal Services

Case Number:	CM15-0065007		
Date Assigned:	04/10/2015	Date of Injury:	12/31/2009
Decision Date:	06/16/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/03/2015

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: Emergency 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 52 year old male who has reported multifocal pain after a contusion injury on December 31, 2009. The diagnoses include cervical spine disc herniation, spinal stenosis, radiculopathy, and left shoulder injury. Treatments have included left shoulder surgery, cervical spine surgery, medications, physical therapy, injections and chiropractic. The treating physician reports during 2014-2015 reflect ongoing neck, back, shoulder, and extremity pain, visits with multiple providers, and ongoing prescribing of the medications referred for Independent Medical Review other than Ultracet. Gabapentin cream was stated to help knee pain. A urine drug screen from 10/23/13 was reportedly negative for all analytes. Blood tests were normal on 1/20/14. A "med panel" was prescribed on 11/10/14. Some reports refer to the use of Norco in 2014. The injured worker was stated to have not worked since 2010. On 2/3/15 the injured worker was evaluated by a pain management physician. There was ongoing multifocal pain of 5-8/10. Listed medications were Cymbalta, Docuprene, gabapentin cream, Flexeril, and ibuprofen (stated to ineffective). The spine was non-tender and there was no spasm. There was no discussion of the results of using any medication other than ibuprofen. Ultracet was started "for better pain control." Flexeril, Prilosec for gastritis, gabapentin, Colace, Cymbalta, and ibuprofen were continued. There was no work status, no functional goals, and no specific discussion of function. On 2/11/15, there was no change clinically. Medications included Cymbalta, Docuprene, gabapentin cream, Flexeril, ibuprofen, Ultracet, and Prilosec prn for GI upset. There was no specific information regarding the results of using any medication. There was no work status. Sleep was poor and the listed functions were limited. On 3/9/15 Utilization Review non-certified, the medications now referred for this Independent Medical

Review, citing CA MTUS guidelines in support of the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation, there is no good evidence in support of topical gabapentin; it is not recommended. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.

CYCLOBENZAPRINE 7.5MG 30 TABLETS: Upheld

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

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

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months at least. The physical examination showed no spinal tenderness and no spasm, which makes the prescribing of a muscle relaxant questionable. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short-term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle

relaxant is not indicated and is not medically necessary.

90 TABLETS OF TRAMADOL/ACETAMINOPHEN 37.5MG/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials, Tramadol Page(s): 77-81, 94, 80, 81, 60, 94, 113.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The treating physician did not discuss the prior results of using opioids. The prescribing physician does not specifically address function with respect to prescribing opioids. There is no evidence of significant pain relief or increased function from the opioids used to date. There is no evidence that the treating physician has adequately considered a treatment plan not using opioids, and that he adequately considered that this injured worker actually "has failed a trial of non-opioid analgesics," The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a current and adequate urine drug screen program. The treating physician did not address a critical aspect of function: work status. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

60 CAPSULES OF OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PROTON-PUMP INHIBITOR.

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

Decision rationale: There are no medical reports that adequately describe the relevant signs and symptoms of possible gastrointestinal disease. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports adequately describe the specific risk factors present in this case, as presented in the MTUS. There are brief mentions of stomach upset and gastritis, without sufficient clinical evaluation. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton

pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.