

Case Number:	CM15-0072298		
Date Assigned:	04/22/2015	Date of Injury:	08/04/2014
Decision Date:	06/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/16/2015

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: Anesthesiology

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 57 year old female, who sustained an industrial injury on 8/4/14. She reported pain in her left foot and ankle from dropping a heavy object. The injured worker was diagnosed as having left foot sprain and closed fracture of the left medial cuneiform. Treatment to date has included a left foot MRI and pain medications. As of the PR2 dated 2/25/15, the injured worker reports continuous left ankle and foot pain. She rates her pain 1/10 at the lowest and 10/10 at the highest. The pain is worse with cold temperatures and prolonged standing. The treating physician noted decreased range of motion in all planes due to pain and swelling in the foot. The treating physician requested Cyclobenzaprine 7.5mg #90, Pantoprazole 20mg #60, Gabapentin/Amitriptyline/Bupivacaine Cream 180gm and Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Muscle Relaxants.

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

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there are no muscle spasms documented on physical exam. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

Pantoprazole Sodium DR 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. In addition, based on the available information provided for review, this patient is not maintained on NSAIDs. The medical necessity for Protonix has not been established. The requested medication is not medically necessary.

Gabapentin/Amitriptyline/Bupivacaine Cream 180g: 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): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic requested is topical: Gabapentin/Amitriptyline/ Bupivacaine Cream. Gabapentin is not recommended as a topical agent per CA MTUS Guidelines. There is no peer-reviewed literature to support its use. It is evident from the records that the patient is able to use oral medications and there is no rationale provided for the use of topical cream. Medical necessity for the requested topical

analgesic has not been established. The request for the topical analgesic compound is not medically necessary.

Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin 180g: 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): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (for example including, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics and/or antidepressants). Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic compound contains: Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin. In this case, there is no documentation provided necessitating this compounded topical analgesic. There is no documentation of intolerance to other previous oral medications. Flurbiprofen, used as a topical NSAID, has been shown to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another two-week period. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.