MAXIMUS Federal Services

Case Number:	CM15-0079329		
Date Assigned:	04/30/2015	Date of Injury:	11/20/2012
Decision Date:	07/07/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic neck pain, low back pain, and posttraumatic headaches reportedly associated with an industrial injury of November 20, 2012. In a Utilization Review report dated March 30, 2015, the claims administrator failed to approve requests for OxyContin, a cyclobenzaprine-containing compound, a flurbiprofen-containing compound, and a tramadol-containing compound. The claims administrator referenced a RFA form dated March 23, 2015 in its determination. The applicant's attorney subsequently appealed. On February 10, 2015, the applicant was given refills of Zestril, hydrochlorothiazide, Tenormin, clonidine, and diabetic test strips. The applicant was placed off of work, on total temporary disability on this date, owing to reported diagnosis of diabetes and hypertension. The note did not incorporate the applicant's complete medication list. Medication selection and medication efficacy were not, moreover, detailed. On March 18, 2015, various records from other providers were reviewed by the primary treating provider (PTP). Once again, medication selection and medication efficacy were not detailed. On March 10, 2015, the applicant was placed off of work, on total temporary disability, for additional 45 days. The topical compounds in question were endorsed through pre-printed order forms of various dates, including on November 19, 2014, without supporting rationale or commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Oxycontin 10mg #60 (DOS: 11/19/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was suggested on multiple office notes, referenced above. Multiple progress notes of February and March 2015 did not incorporate any discussion of medication efficacy. It did not appear, in short, that ongoing usage of OxyContin had proven beneficial here. Therefore, the request was not medically necessary.

Cyclobenzaprine 10% Gabapentin 10% cream: Upheld

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

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

Decision rationale: Similarly, the request for a cyclobenzaprine-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Flurbiprofen 20% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Similarly, the request for a flurbiprofen-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator, per a progress note dated October 20, 2014, was the lumbar spine.

However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is "little evidence" to utilize topical NSAIDs for the spine, hip, and/or shoulder. Thus, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does not support usage of topical NSAIDs for low back pain, as was/is present here on or around the date in question. Therefore, the request was not medically necessary.

Tramadol 20% cream: Upheld

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

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

Decision rationale: Finally, the request for a tramadol-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." Here, as with the other compounds, the attending provider failed to furnish much supporting rationale or narrative commentary along with the RFA forms for the compounds in question, many of which were seemingly endorsed or dispensed via pre-printed checkboxes, without supporting commentary or progress notes. Therefore, the request was not medically necessary.