

Case Number:	CM15-0095200		
Date Assigned:	05/26/2015	Date of Injury:	10/23/2013
Decision Date:	07/01/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/15/2015

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 47-year-old male, with a reported date of injury of 10/23/2013. The diagnoses include brachial neuritis/radiculitis, cervical sprain/strain, chest wall strain, thoracic sprain/strain, left wrist sprain/strain, bilateral shoulder sprain/strain, left elbow sprain/strain, cervical musculoligamentous injury, cervical myospasm, cervical radiculitis, lumbar muscle spasm, lumbar radiculopathy, lumbosacral sprain/strain, left elbow internal derangement, left carpal tunnel syndrome, and left wrist tenosynovitis. Treatments to date have included trigger points impedance imaging, an MRI of the thoracic spine on 12/08/2014, oral medications, x-rays of the cervical, thoracic, lumbar spine, bilateral shoulders, left elbow, and left wrist on 12/26/2014, an MRI of the lumbar spine on 01/05/2015, an MRI of the cervical spine on 01/05/2015, an MRI of the right and left shoulder on 01/06/2015, an MRI of the left elbow on 01/06/2015, and an MRI of the left wrist on 01/06/2015. The first report of injury dated 01/19/2015 indicates that the injured worker complained of severe neck pain, rated 8 out of 10, and severe mid back pain, rated 8 out of 10. The physical examination showed decreased cervical range of motion with pain, tenderness to palpation in the bilateral trapezii and cervical paravertebral muscles, cervical muscle spasms, tenderness to palpation in the thoracic paravertebral muscles, thoracic muscle spasms, decreased bilateral shoulder range of motion with pain, and tenderness to palpation in the acromioclavicular joint, anterior, lateral, and posterior shoulder. It was noted that the injured worker underwent a urine screen to rule out medication toxicity. The treating physician requested Naproxen, Cyclobenzaprine, Pantoprazole, Zolpidem, Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 6.025% in cream base, Gabapentin 10%/Cyclobenzaprine 6%/Bupivacaine 5% in cream base, specimen collection and handling, urine toxicology screen, and medication consultations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of significant functional improvement on current medication regimen. With MTUS guidelines not being met, the request for Naproxen 550mg #60 is not medically necessary.

Cyclobenzaprine 7.5mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

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

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation indicates the injured worker is diagnosed with cervical radiculitis, thoracic c and lumbar sprain/strain with objective findings of cervical and thoracic spine paravertebral muscle spasm at the time of the requested service. The recommendation for the use of Cyclobenzaprine for muscle spasm in this clinical scenario, is appropriate for short term use and on as needed basis. The request for Cyclobenzaprine is medically necessary per MTUS guidelines.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and 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 Gastroesophageal 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. Furthermore, with the medical necessity for ongoing use of NSAIDs for this injured worker not established, Pantoprazole is not indicated. The request for Pantoprazole 20mg #60 is not medically necessary per MTUS guidelines.

Zolpidem 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment.

Decision rationale: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. Documentation indicates that the injured worker complains of sleep disturbance due to pain. Given that documentation fails to show adequate functional improvement, the medical necessity for continued use of Zolpidem has not been established. The request for Zolpidem 10mg #30 is not medically necessary based on ODG.

FBD Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 6.025% in cream base 30gm & 210gm: 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. Flurbiprofen is an anti-inflammatory and Cyclobenzaprine is a muscle relaxant. MTUS states that the use of muscle relaxants as a topical agent is not recommended. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for FBD Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 6.025% in cream base 30gm &

210gm is not medically necessary.

GCB Gabapentin 10%/Cyclobenzaprine 6%/Bupivacaine 5% in cream base 30gm & 210gm: 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. MTUS states that the use of Gabapentin and muscle relaxants as topical agents are not recommended. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for GCB Gabapentin 10%/Cyclobenzaprine 6%/Bupivacaine 5% in cream base 30gm & 210gm is not medically necessary.

Urine toxicology screen (Specimen collection and handling): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

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. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation does not show that the injured worker is being treated with Opioid analgesics or at high risk of addiction or aberrant behavior to establish the medical necessity for urine drug testing. With guidelines not being met, the request for Urine toxicology screen (Specimen collection and handling) is not medically necessary.

Medication consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an

evaluation is functional recovery and return to work. Chart documentation indicates that the injured worker complains of multiple joint pain, including neck and back, with no significant improvement in function. Documentation at the time of the requested service under review failed to demonstrate that there was acute exacerbation in symptoms or that medication management has been maximized to establish the medical necessity for additional consultation for medications. The request for Medication consultation is not medically necessary.