

Case Number:	CM14-0150322		
Date Assigned:	09/18/2014	Date of Injury:	08/16/2012
Decision Date:	11/05/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 32 year old patient had a date of injury on 8/16/2012. The mechanism of injury was pulling melon boxes off the conveyer belt when she put the box on the ground and heard a pop in her lower back. In a progress noted dated 6/24/2014, the patient complains of severe low back pain. She also has anxiety, insomnia, and depression resulting from work related trauma and stress. On a physical exam dated 6/24/2014, the patient has very stiff stance, tenderness to palpation in upper and lower back, and spasms as well as trigger points. The diagnostic impression shows lumbar herniated nucleus pulposus at L4-L5 and L5-S1 of 3-mm with impingement, radiculopathy bilaterally, anxiety, insomnia, and obesity. Treatment to date: medication therapy, behavioral modification, acupuncture. A UR decision dated 8/5/2014 denied the request for Compound of Gabapentin/Ketoprofen/tramadol, stating topical medications have not been adequately proven with regards to overall efficacy and safety. Xanax 1mg #60 was denied, stating that long term use is not indicated. Prilosec 20mg #90 was denied, stating there is no evidence this patient is at risk for gastrointestinal events. Tramadol 150mg #30 was denied, stating there was no evidence of increase in function or decrease in pain. Furthermore, there was no evidence of urine drugs screens. Naproxen 550mg #60, stating that NSAIDs are recommended only for short term use and no exceptional circumstances were evident in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound of Gabapentin, Ketoprofen and Tramadol: 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 Page(s): 25,28,111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the 6/24/2014 progress report, there was no rationale provided regarding the medical necessity of this compound medication, and guidelines do not support gabapentin in topical formulation. Therefore, the request for compound Gabapentin/ketoprofen/tramadol was not medically necessary.

Xanax 1 mg #60:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In the documentation provided, it was unclear how long this patient has been on this medication. Furthermore, there was no discussion regarding the objective benefits obtained from previous therapy. Therefore, the request for Xanax 1mg #60 was not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. However, in the 6/24/2014 progress report, there is no indication this patient suffered from gastrointestinal events. Furthermore, the NSAID

Naproxen was denied by a UR decision dated 8/5/2014, and there would be no need for GI prophylaxis. Therefore, the request for omeprazole 20mg #90 was no medically necessary.

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113.

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

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. However, in the 6/24/2014 progress report, there was no documented functional improvement noted from the opioid regimen. Furthermore, urine drug screens were not provided for review. Therefore, the request for Tramadol 150mg #30 was not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, in the 6/24/2014 progress report, there was no objective functional improvements noted from the analgesic regimen. Furthermore, it was unclear how long this patient had been on Naproxen, and guidelines do not support long term use. Therefore, the request for Naproxen 550mg #60 was not medically necessary.