

Case Number:	CM14-0141189		
Date Assigned:	09/10/2014	Date of Injury:	05/04/2012
Decision Date:	10/15/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/02/2014

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 and Rehabilitation and Pain Medicine, 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:

The injured worker is a 52-year-old female who reported an injury on 05/04/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 08/14/2014 indicated a diagnosis of left wrist tendinosis. The injured worker reported medication and a compound medication cream were slowly helping. On physical examination, there was tenderness to the left wrist/hand with restricted range of motion due to pain and fingers with range of motion. The injured worker's treatment plan included an EMG/NCV, medications, chiropractic therapy, and a urine toxicology screen. The injured worker's previous treatments included medication management. The injured worker's medication regimen included topical compounds, Prilosec/omeprazole, and Flexeril/cyclobenzaprine. The provider submitted a request for topical compounds, Prilosec/omeprazole, and Flexeril/cyclobenzaprine. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10 / Capsaicin 0.25% /Camphor 1% (120gm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-Steroidal Anti-inflammatory agents (NSAIDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Flurbiprofen 10 / Capsaicin 0.25% /Camphor 1% (120gm) is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines state there is no indication that an increase over a 0.025% formulation provides any further efficacy. In addition, the FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. It was not indicated the injured worker had tried and failed antidepressants and anticonvulsants. Additionally, it was not indicated if the injured worker was intolerant to other treatments. Moreover, there is a lack of documentation of functional improvement with the use of the flurbiprofen/capsaicin/camphor. Furthermore, the request does not indicate a frequency or site of application. Therefore, the request is not medically necessary.

Ketoprofen 10%/ Cyclobenzaprine 3% / Lidocaine 5% (120gm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical Analgesics, Lidocaine, Non-steroidal anti.

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

Decision rationale: The request for Ketoprofen 10%/ Cyclobenzaprine 3% / Lidocaine 5% (120gm) is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. It is not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. In addition, the Guidelines do not recommend ketoprofen. Additionally, the Guidelines do not recommend the use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any muscle relaxant as a topical product. Furthermore, the Guidelines recommend lidocaine in the formulation of the dermal patch Lidoderm. Therefore, lidocaine is not recommended. Per the Guidelines, any compounded product that contains at least 1 drug, or drug class, that is not recommended is not recommended. Additionally, there was a lack of documentation of functional improvement. Moreover, the request does not indicate a frequency or site of application. Therefore, the request is not medically necessary.

Prilosec / Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDS) Page(s): 68.

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

Decision rationale: The request for Prilosec / Omeprazole 20mg #60 is not medically necessary. The CA MTUS Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs, or a history of peptic ulcers. There is also a risk with long term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had gastrointestinal bleeding, perforations, or ulcers. In addition, there is a lack of documentation of efficacy and functional improvement with the use of Prilosec. Furthermore, the request does not indicate a frequency. Therefore, the request for Prilosec/omeprazole is not medically necessary.

Flexeril / Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Flexeril / Cyclobenzaprine 7.5mg #60 is not medically necessary. The CA MTUS Guidelines recommend cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of documentation of the injured worker having acute exacerbations or muscle spasms. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, there is a lack of documentation of functional improvement with the use of Flexeril/cyclobenzaprine. Additionally, the request does not indicate a frequency. Therefore, the request is not medically necessary.