

Case Number:	CM14-0142645		
Date Assigned:	09/15/2014	Date of Injury:	07/08/2013
Decision Date:	10/23/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/03/2014

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 Illinois. 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 36-year-old male who reported an injury on 07/08/2013 due to an unknown mechanism. The diagnoses were cervical spine sprain/strain with mild herniated disc syndrome without myelopathy, right shoulder supraspinatus and infraspinatus tendinitis with subacromial bursitis, right wrist carpal tunnel syndrome, lumbar spine sprain/strain, lumbar herniated disc syndrome without myelopathy, lumbar radiculitis with radiculopathy to both lower extremities. Physical examination on 07/19/2014 revealed complaints of neck pain that radiated to the right side and was causing tension and spasm. There were also complains of low back pain that radiated to both lower extremities, especially in the groin area. Medications were cyclobenzaprine, naproxen, omeprazole, and zolpidem. Examination of the wrist and hands revealed upon palpation of the right wrist, there was tenderness with pain on the radial deviation. Median nerve Tinel's test was positive on the right wrist. Ulnar nerve Tinel's test was negative. Bracelet test was positive. Finkelstein's and Phalen's sign was positive on the right wrist. Examination of the cervical spine revealed upon palpation, paracervical, trapezius, and supraspinatus muscles were tender, especially on the right side and radiated to the right shoulder. Palpation of the lumbar spine revealed paraspinous tenderness. Straight leg raise test on the right and left did not produce back pain and was negative. Treatment plan was to add on a topical compounded analgesic cream. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi(Nap) cream - LA - 180 gm (Flurbiprofen 20% - Lidocaine 5% - Amitriptyline 5%):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical NSAIDs; Lidocaine (topical).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical Analgesics, Lidocaine Page(s): 72, 111, 112.

Decision rationale: The decision for Flurbi(Nap) cream - LA - 180 gm (Flurbiprofen 20% - Lidocaine 5% - Amitriptyline 5%) is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health Data Base demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The medical guidelines state lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain). the medical guidelines do not support the use of compounded topical analgesics. The request does not indicate a frequency for the medication. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, the request for Flurbi(Nap) Cream - LA - 180 gm (Flurbiprofen 20% - Lidocaine 5% - Amitriptyline 5%) is not medically necessary.

Gabacloctram - 180 gm (Gabapentin 10% - Cyclobenzaprine 5% - Tramadol 10%):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Cyclobenzaprine; Gabapentin.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The medical

guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The request does not indicate a frequency for the medication. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, request for Gabacyclotram - 180 gm (Gabapentin 10% - Cyclobenzaprine 5% - Tramadol 10%) is not medically necessary.

30 Terocin patches (Lidocaine 4% - Menthol 4%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical; Salicylate topicals; Menthol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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 indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin/lidocaine/menthol/methyl salicylate. The request for 30 Terocin Patches (Lidocaine 4% - Menthol 4%) is not medically necessary.

Orphenadrine citrate ER tablets 100mg (Norflex): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The decision for Orphenadrine citrate ER tablets 10 mg (Norflex) is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Continued use of this medication would not be supported. Therefore, request for Orphenadrine citrate ER tablets 100mg (Norflex) is not medically necessary.

Omeprazole delayed release capsules 20mg (Prilosec): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: The decision for Omeprazole delayed release capsules 20mg (Prilosec) is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy for this medication was not reported. The request does not indicate a frequency for the medication. Therefore, the request for Omeprazole Delayed Release Capsules 20mg (Prilosec) is not medically necessary.

1 zolpidem 10mg (Ambien): 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 (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem

Decision rationale: The decision for 1 zolpidem 10 mg (Ambien) is not medically necessary. The Official Disability Guidelines indicate zolpidem (Ambien) is appropriate for the short term treatment of insomnia, generally 2 to 6 weeks. The request does not indicate a frequency for the medication, nor does it indicate a quantity. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, this request is not medically necessary.