

Case Number:	CM14-0155815		
Date Assigned:	09/25/2014	Date of Injury:	02/09/2013
Decision Date:	11/05/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/23/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 43-year-old female who reported injury on 02/09/2014. The mechanism of injury was cumulative trauma. Diagnostic studies were not provided. The surgical history was not provided. The injured worker underwent physical therapy. The documentation of 08/08/2014 revealed the injured worker had complaints of neck, low back, bilateral wrist, and hand pain. The injured worker's medications included over the counter medications. The physical examination of the cervical spine revealed decreased range of motion and tenderness to palpation over the paraspinal and trapezius muscles equally. The strength and sensation were decreased at 4/5 bilaterally at C5-8. The grip strength was 4/5 right greater than left. The examination of the lumbar spine revealed slightly decreased range of motion. There was tenderness to palpation over the paraspinals equally. The Kemp's test was positive bilaterally. The deep tendon reflexes were 2+ bilaterally at the patellar and Achilles tendons. The strength and sensation was normal at 5/5. The examination of the bilateral wrist and hands revealed decreased range of motion. The injured worker had a positive Phalen's, Tinel's, and Finkelstein's test bilaterally. There was decreased sensation at 4/5 in the median and ulnar nerve distribution bilaterally. The diagnoses included chronic cervical strain, chronic bilateral trapezius strain, bilateral arm overuse syndrome, bilateral wrist pain and numbness rule out carpal tunnel syndrome, and bilateral elbow tendonitis. The treatment plan included the injured worker had taken over the counter non-steroidal anti-inflammatory drugs (NSAIDs) but was having up to 800 mg as the pain was not controlled at a low dose. The injured worker experienced gastrointestinal (GI) upset with NSAID use. The request was made for diclofenac/lidocaine cream and a combination medication flurbiprofen and ranitidine to control the pain and reduce GI upset. Additionally, it was documented there was a pending authorization for an internal

medicine consultation for GI issues and occupational therapy for bilateral hands as well as a toxicology screen. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Ranitidine (100/100mg), #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 69.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of pain. It is generally recommended the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized oral NSAIDs up to 800 mg. The duration of use could not be established. Additionally, the California MTUS Guidelines indicate that proton pump inhibitors are recommended for patients at intermediate or high risk gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review indicated the injured worker was having GI upset from the oral NSAIDs. However, there was a lack of documentation indicating a trial and failure of the medications separately. There was a lack of documentation of objective functional improvement and an objective decrease in pain for the flurbiprofen. There was a lack of documentation indicating a need for both a topical and oral form of NSAIDS. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for flurbiprofen/ranitidine 100/100 mg #60 is not medically necessary.

Diclofenac/Lidocaine cream (35/ 5%) 180gm: 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 Analgesic; Topical NSAIDS; Lidocaine Page(s): 111-112.

Decision rationale: The California MTUS guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety...topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines also indicate that 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. 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 (tri-cyclic or SNRI anti-depressants 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 clinical documentation submitted for review failed to indicate the body part to be treated with the topical medication. Additionally, there was a lack of documentation indicating a trial of antidepressants and anticonvulsants had failed. There was a lack of documentation of a trial and failure of first line therapy to support the necessity for topical lidocaine. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating a necessity for both a topical and oral form of NSAIDs. The request as submitted failed to indicate the frequency and body part to be treated for the requested medication. Given the above, the request for diclofenac/lidocaine cream 35/5% 180 grams is not medically necessary.