

Case Number:	CM13-0012494		
Date Assigned:	09/23/2013	Date of Injury:	09/17/2012
Decision Date:	12/11/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/12/2013

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 Internal 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 (IW) is a 39-year-old woman with a date of injury of September 17, 2012. The mechanism of injury occurred when a student struck the IW with a closed fist in the chest. The injuries sustained were not documented in the medical record. Pursuant to the progress note dated June 26, 2014, the IW was status-post left rotator cuff injury. Pain is rated 9/10. Physical examination revealed left upper extremity was wrapped and there was pain, so exam was deferred. The provider indicates that IW has significantly decreased sleep and needs a sleep study. The IW was diagnosed with left rotator cuff sprain/strain, depression, irritability, and psych component. The provider is recommending Flexeril 7.5mg, Tylenol #3, Omeprazole 20mg, Gabacyclotram 180gm, Terocin 240ml, Flurbiprofen 180gm, Laxacin 50mg, and urine toxicology. Documentation indicated that the IW has been taking Flexeril since at least October 29, 2012. She has been on Omeprazole since at least August 10, 2011. There was no documentation indicating that the IW had peptic ulcer disease or any other gastrointestinal disorders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Flexeril 7.5mg number #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #60 is not medically necessary. The guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, muscle relaxants showed no benefit beyond nonsteroidal anti-inflammatory drugs in pain and overall improvement. In this case, the treating physician wrote a prescription for Flexeril 7.5 mg #60. There is no documentation as to objective functional improvement contained in the medical record. Flexeril is meant to be used short-term (less than two weeks) notwithstanding compelling clinical facts to support its continued use. Consequently, Flexeril 7.5 mg #60 is not medically necessary.

Pharmacy purchase Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Effects Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are used in conjunction with nonsteroidal anti-inflammatory drugs if the patient is at risk for certain gastrointestinal events. These risks include, but not limited to a greater than 65; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, steroids and/or anticoagulants; or high-dose multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker did not have any comorbid conditions or past medical history compatible with tactical disease, G.I. bleeding, concurrent aspirin use or high-dose multiple nonsteroidal anti-inflammatory drug use. There was no documentation to support the use of Omeprazole. The injured worker has been taking omeprazole since August 10, 2011. Consequently, Omeprazole 20 mg #60 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Omeprazole 20 mg #60 is not medically necessary.

Pharmacy purchase Gabacyclotram 180g: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, Gabacyclotram 180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They 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. In this case, the treating physician prescribed Gabacyclotram. Review of MEDLINEplus was unable to retrieve information on this medication. An Internet search did not retrieve information on this medication. A review of the medical record did not disclose any information on this medication. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. Consequently, Gabacyclotram is not clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Gabacyclotram 180gm is not medically necessary.

Pharmacy purchase Terocin 240ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin 240mls is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They 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 MTUS guidelines state other than the dermal patch, other formulations of Lidocaine, whether creams, lotions or gels are not approved for neuropathic pain. In this case, the treating physician prescribed Terocin lotion. Terocin contains Methyl Salicylate, Capsaicin, Menthol, and Lidocaine. In this case, the treating physician prescribed Terocin lotion. Menthol is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended, is not recommended. Consequently, this compounded Topical Analgesic, Terocin, is not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Terocin lotion 240 MLs is not medically necessary.

Pharmacy purchase Flurbiprofen 180g: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprophen 180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They 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. In this case, the treating physician prescribed topical Flurbiprophen 180 g. The injured worker has been using this topical analgesic since June 26 of 2013. There is no objective functional improvement documented in the medical record over the course of time it was used. Additionally, topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. Consequently, Flurbiprophen 180gm is not medically necessary.

Pharmacy purchase Laxacin 50mg #60 and stool softener: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.webmd.com/drugs/2/drug-158739/laxacin-oral/details>

Decision rationale: Pursuant to Medline plus, Laxacin (stool softener) 50 mg #60 is not medically necessary. Laxacin is used to treat constipation. For additional information see the attached link. In this case, there is no clinical discussion of constipation or anticipate constipation as a result of opiate, most relaxant or any other clinical etiology. Consequently, Laxacin 50 mg #60 is not medically necessary.