

<b>Case Number:</b>	CM13-0026284		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 patient has filed a claim for chronic generalized pain, heartburn, muscle spasm, and arthritis reportedly associated with an industrial injury of October 21, 2011. Thus far, the patient has been treated with the following: Analgesic medications; topical compounds; attorney representation; transfer of care to and from various providers in various specialties; and reported return to work. In a utilization review report of October 21, 2011, the claims administrator denied a request for several topical compounds, Prilosec, Naprosyn, Flexeril and butalbital. The claims administrator cited lack of supporting documentation and eligible supporting documentation. The decision and guidelines cited were difficult to follow. In a May 13, 2013 progress note, it is stated that the patient is working his usual and customary job. He is having increased symptoms about the left hand and left lateral elbow. Mild pain about the wrist flexion and extension is appreciated with resisted strength testing. The patient has a positive Tinel sign about the wrist. A 5/5 strength is appreciated nevertheless. The patient is given presumptive diagnoses of bilateral carpal tunnel syndrome and bilateral lateral epicondylitis. He is asked to return to work without restrictions. He is described as having been previously declared permanent and stationary with 0% whole person impairment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Caps (Nap) Cream 5+ TGC 180g #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 3, oral pharmaceuticals are the first line palliative method. In this case, there is no evidence of tolerance to and/or failure of first line oral pharmaceuticals so as to make a case for topical analgesics, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." In this case, no applicant specific rationale or narrative accompanies the application for independent medical review or request for authorization for the aforementioned topical compound. Therefore, the request is not certified.

**The request for Ketoprofen (Nap) Cream-L 180g #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical compound use purposes. Given the unfavorable recommendation, the compound is not certified.

**The request for Omperazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of proton-pump inhibitor such as omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, none of the progress notes provided clearly detail or describe issues with dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not certified.

**The request for Cyclobenzaprine HCL 10mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the attending provider has not clearly stated why Flexeril is being prescribed along with several other oral and topical agents. Accordingly, the request is not certified.

**The request for Naproxen Sodium 550mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions. The most recent progress note provided via IMR on May 13, 2013, does suggest that the applicant is having ongoing issues with wrist, forearm, and upper extremity pain. Usage of Naprosyn as a first line agent to treat the same is indicated and appropriate. Accordingly, the request is certified, on independent medical review.

**The request for APAP/Butalbital/Ca 325-50-40mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesics such as butalbital are not recommended for chronic pain conditions. In this case, the applicant is over two years removed from the date of injury, as of the date of the most recent provided progress note. Usage of butalbital is not indicated in the treatment of the same. In this case, the attending provider has not furnished a clear narrative, rationale, or progress note so as to try and offset the unfavorable MTUS recommendation. Therefore, the request remains not certified, on independent medical review.