MAXIMUS Federal Services

Case Number:	CM13-0039195		
Date Assigned:	12/18/2013	Date of Injury:	10/20/2008
Decision Date:	03/05/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/04/2013

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 Emergency 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:

Patient with injury date of 10/20/2008. Patient is a 46-year-old male with reported injury after being pinned between two framing walls leading to injury to R shoulder, neck, back and right elbow. Diagnosis of traumatic arthropathy of shoulder status/post right shoulder decompression surgery and repeat surgery on 3/13 for decompression surgery and debridement of labral tear and chondromalacia patallae. Patient also has additional diagnosis of depression and insomnia. Record from primary treating physician, [redacted] (Rehabilitation medicine) reviewed. Last report on 12/3/13 reports pt complains of bilateral shoulder and bilateral knee pains left more than right. Also complaining of worsening low back pains. Objective exam reveals lumbar spine tenderness midline at L4 and L5. Bilateral shoulders have limited flexion and abduction due to pain. Left knee reviews limited flexion due to pain. Tenderness over hamstring and lateral joint line. Noted effusion in L knee joint but not on R knee. Topical medications reportedly lead to good pain relief and improvement in walking for up to 2hours. Lidoderm patches have good effect on pain. Treatment plan is to continue medications and weight loss program and physical therapy. Patient is currently on Norco, Zoloft, Cyclobenzaprine +Gabapentin cream, Ibuprofen and Soma. Review request for Flurbiprofen 20% cream, Protonix DR 20mg and Compound Cyclobenzaprine 10% and Gabapentin 10%. Review utilization review of 9/16/13 certified Norco but recommended non-certification of all the medications currently being reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

requested treatment for 1 Flurbiprofen 20% Cream: Upheld

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

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

Decision rationale: Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID) Non-Steroidal Anti-Inflammatory Drugs. As per Chronic Pain Medical Treatment Guidelines, topical analgesics has limited evidence for efficacy. There is some evidence for its efficacy in joint osteoarthritis pain and may be used in chronic pain. Patient appears to be on this medication already but there is no objective measure of pain or activity improvement on this medication from the documentation provided. There is some vague description of a topical medication "working well" but no other documentation as to which topical medication and what "working well" means. Flurbiprofen is also not FDA approved for topical use. There are multiple other topical NSAIDs that are FDA approved. Due to lack of documentation of efficacy on a non-FDA approved application of his drug, it is not medically necessary.

requested treatment for Protonix DR 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), GI (Gastrointestinal) symptoms and cardiovascula.

Decision rationale: There is no documentation provided as to why protonic was requested. Protonix is a proton-pump inhibitor used for dyspepsia from NSAID (Non-Steroidal Anti-Inflammatory Drugs) use or gastritis/peptic ulcer disease. As per Chronic Pain Medical Treatment Guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. Patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. It is not recommended.

requested treatment for 1 Cyclobenzaprine 10%+Gabapentin 10% Cream 30gm.: Upheld

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

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

Decision rationale: Cyclobenzaprine is a muscle relaxant and Gabapentin is an anti-epileptic medication. As per Chronic Pain Medical Treatment Guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." 1) Topical muscle relaxants like Cyclobenzaprine are not recommended as per Chronic Pain Medical Treatment

Guidelines due to lack of evidence of efficacy. 2) As per Chronic Pain Medical Treatment Guidelines, topical Gabapentin is not recommended. Since both components of this compounded product is not recommended; this compound is not medically necessary.