

Case Number:	CM13-0063999		
Date Assigned:	01/03/2014	Date of Injury:	10/09/2011
Decision Date:	04/15/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 patient is a 50-year-old male who reported an injury on 10/09/2011, after she lost her balance while standing on a step stool. The patient reportedly sustained an injury to her lower abdominal region and bilateral upper extremities. The patient underwent right shoulder surgery in 06/2012. The patient underwent postsurgical physical therapy and acupuncture therapy. The patient developed chronic pain of the neck, right shoulder, and right arm that was managed with multiple medications. The patient's most recent clinical evaluation documented that the patient had continued pain complaints rated at a 6/10, with decreased range of motion of the right shoulder. It was noted that the patient continued to receive physical therapy for the right shoulder, and medication usage to include tramadol and Prilosec. Physical findings included restricted range of motion of the cervical spine secondary to pain with tenderness, and myospasms in the bilateral cervical paraspinal, trapezius, and rhomboid musculature. Examination of the right shoulder documented pain complaints with range of motion and a positive impingement sign. The patient's diagnoses included carpal tunnel syndrome bilaterally, cervical degenerative disc disease, status post rotator cuff repair and manipulation under anesthesia of the right shoulder, myospasm and myofascial trigger points, headaches consistent with occipital neuralgia, and depression secondary to chronic pain. The patient's treatment plan included continuation of physical therapy, continuation of medications, the use of carpal tunnel supports, and repeat cervical epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 500 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 60 and 67.

Decision rationale: The requested naproxen sodium 500 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs as an appropriate medication for the management of chronic pain. However, the California Medical Treatment Utilization Schedule recommends continued use of medications in the management of chronic pain be supported by documentation of functional benefit and an assessment of pain relief. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 05/2013. However, there is no documentation of functional benefit or pain relief related to this medication. Therefore, continued use would not be supported. As such, the requested prescription of naproxen sodium 500 mg #60 is not medically necessary or appropriate.

OMEPRAZOLE DR 20 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms and Cardiovascular Risk Section Page(s): 68.

Decision rationale: The requested Omeprazole DR 20 #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at risk for developing gastrointestinal-related disturbances as a result of medication usage. Therefore, the need for Omeprazole is not clearly indicated within the documentation. As such, the requested Omeprazole DR 20 #60 is not medically necessary or appropriate.

FLURBIPROFEN 25%/ LIDOCAINE 5%/ MENTHOL 5%/ CAMPHOR 1% 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): 111-113.

Decision rationale: The requested prescription of Flurbiprofen 25% / lidocaine 5% / menthol 5% / camphor 1% cream is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of topical nonsteroidal anti-inflammatory drugs, unless a patient is intolerant of oral formulations of these types of medications, or when nonsteroidal anti-inflammatory drugs are contra-indicated for the patient. There is no documentation that the patient cannot tolerate, or that oral formulations of this medication are contraindicated for the patient. The California Medical Treatment Utilization Schedule does not recommend the use of lidocaine in a cream formulation, as this medication is not FDA-approved to treat neuropathic pain. The California Medical Treatment Utilization Schedule does not recommend the use of a compounded medication that contains at least 1 drug (or drug class) that is not recommended by the California Medical Treatment Utilization Schedule. As such, the requested Flurbiprofen 25% / lidocaine 5% / menthol 5% / camphor 1% cream is not medically necessary or appropriate.

TRAMADOL 15%/ LIDOCAINE 5%/ DEXTROMETHORPHAN 10%/ CAPSAICIN 0.025% 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): 111-113.

Decision rationale: The requested prescription of tramadol 15% / lidocaine 5% / dextromethorphan 10% / capsaicin 0.025% cream is not medically necessary or appropriate. Peer-reviewed literature does not support the use of tramadol or dextromethorphan as topical analgesics to treat neuropathic pain, as there is little scientific evidence to support the efficacy and safety of these medications in topical formulations. The California Medical Treatment Utilization Schedule does not support the use of lidocaine 5% as this formulation is not FDA-approved to treat neuropathic pain. Additionally, the California Medical Treatment Utilization Schedule only recommends the topical use of capsaicin for patients who have failed to respond to other types of treatments. The clinical documentation submitted for review fails to provide any evidence that the patient has not responded to other first-line medications such as antidepressants or anticonvulsants. The California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug (or drug class) that is not supported by guideline recommendations is not recommended. As such, the requested tramadol 15% / lidocaine 5% / dextromethorphan 10% / capsaicin 0.025% cream is not medically necessary or appropriate.