

Case Number:	CM13-0066627		
Date Assigned:	01/03/2014	Date of Injury:	04/23/2008
Decision Date:	03/24/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/16/2013

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:

According to the records made available for review, this is a 64-year-old male with a 4/23/08 date of injury. The request is for authorization for FlurFlex Topical Cream, Omeprazole 20m capsule and TGHOT Topical Cream. There is documentation of subjective findings including low back pain radiating to the legs with numbness and tingling in the right lower extremity and symptoms of acid reflux. There are objective findings including decreased lumbar range of motion with pain and spasm and positive straight leg raise bilaterally. The current diagnoses are status post lumbar spine fusion in 2010, low back syndrome, and bilateral lower extremity radiculitis. The treatment to date is Omeprazole, opioids, topical creams, lumbar spine injections, and physical therapy. Regarding the requested FlurFlex Topical Cream, there is no documentation of subjective and objective findings consistent with osteoarthritis pain in joints that lend themselves to topical treatment and failure of an oral NSAID or contraindications to oral NSAIDs. Regarding the requested Omeprazole 20m capsule, there is no documentation of improvement in GI symptoms with previous use of Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurflex topical 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): 111-112. Decision based on Non-MTUS Citation Generic Drugs Website

Decision rationale: The California MTUS Chronic Pain Medical Treatment guidelines identifies documentation of subjective and objective findings consistent with osteoarthritis pain in joints that lend themselves to topical treatment and failure of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of topical NSAIDs. An online search identifies Flurflex is in a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). Within the medical information available for review, there is documentation of diagnoses of status post lumbar spine fusion in 2010, low back syndrome, and bilateral lower extremity radiculitis. However, there is no documentation of subjective and objective findings consistent with osteoarthritis pain in joints that lend themselves to topical treatment. In addition, despite documentation that the patient complains of symptoms of acid reflux, there is no (clear) documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for FlurFlex Topical Cream; applied twice daily to affected areas to reduce pain is not medically necessary.

Omeprazole 20mg capsule #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The ODG identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of status post lumbar spine fusion in 2010, low back syndrome, and bilateral lower extremity radiculitis. In addition, there is documentation that the patient has a GI disorder (GERD) and chronic (greater than 3 months) use with Omeprazole. However, there is no documentation of improvement in GI symptoms with previous use of Omeprazole. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20m capsule; twice daily #80 is not medically necessary.

TGHot topical 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 California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control. Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post lumbar spine fusion in 2010, low back syndrome, and bilateral lower extremity radiculitis. However, given documentation that TGHOT cream is a compound topical medication consisting of Tramadol, Gabapentin, Menthol, Camphor, and Capsaicin, there is documentation of a compounded product that contains at least one drug (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for TGHOT Topical Cream; applied twice daily to affected areas to reduce pain 1159F is not medically necessary.