

Case Number:	CM13-0067080		
Date Assigned:	01/03/2014	Date of Injury:	12/19/2002
Decision Date:	05/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/17/2013

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 Physical Medicine & Rehabilitation 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 is a 44-year-old female who reported an injury on 12/19/2002. The mechanism of injury occurred when the injured worker was transferring a patient from a wheelchair to a bed, after which, she noticed pain in the neck, shoulders, upper back, and lower back. A few days later, the patient reported development of pain in her bilateral hands and wrists. The injured worker's initial course of treatment is unclear; however, it was noted that she received multiple MRIs to various body regions. An MRI of the right shoulder was obtained on 06/20/2013 and revealed tendinopathy of the supraspinatus tendon, with no full thickness tendon tear, and bursitis without outlet impingement. An MRI of the left shoulder obtained on the same date revealed marked tendinopathy of the rotator cuff, with a small partial undersurface tear and subacromial spur without outlet impingement, but with secondary bursitis. An MRI of the cervical spine was obtained on 06/20/2013 as well. This study revealed a 3 mm AP diameter C5-6 disc protrusion with neural compromise of the C6 nerve roots bilaterally. The injured worker also received a right carpal tunnel release on 06/11/2013 and again on 09/17/2013. After these surgeries, the patient received an appropriate course of postoperative physical therapy. The clinical notes submitted for review provided detailed information regarding the patient's carpal tunnel syndrome; however, there was scant information describing the patient's cervical and lumbar spine complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF FLURBI CREAM 180ML: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend topical analgesics to treat primarily osteoarthritic and neuropathic pain. Guidelines state that any compounded product containing at least 1 drug (or drug class) that is not recommended deems the entire product not recommended. Currently, diclofenac 1% is the only topical NSAID approved for use by the FDA and recommended by guidelines. The current request for Flurbiprofen cream contains a topical formulation of Flurbiprofen, an NSAID which is not recommended by guidelines. As this medication is not approved for use by the FDA or guidelines, as a topical application, the request for prescription of flurbi cream 180 ML is not medically necessary.

PRESCRIPTION OF NORCO 10/325MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Hydrocodone/Acetaminophen), Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS/ACOEM Guidelines recommend opioids to treat moderate to severe chronic pain. In an ongoing assessment of the efficacy of opioid treatment, a thorough pain assessment should be performed at each clinical visit, functional measurements should be obtained at 6 month intervals using a numerical scale or validated instrument, and frequent random urine drug screens should be performed. Although there was evidence that the patient has an appropriate and recent urine drug screen, there was no evidence of pain levels being documented in any of the clinical notes submitted for review. Additionally, there was no provision of a thorough pain assessment to include current pain levels, the least reported pain since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief to begin, and how long pain relief lasts. There were also no functional measurements obtained detailing any improvement as they may relate to opioid use. Without this information, efficacy of the medication cannot be determined. However, it is not recommended for abrupt discontinuation of opioids, and therefore, it is expected that the physician will allow for safe weaning. As such, the request for Norco 10/325 mg, #120 is not medically necessary.

PRESCRIPTION OF PRILOSEC 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 68.

Decision rationale: The California MTUS/ACOEM Guidelines recommend proton pump inhibitors for patients utilizing NSAIDs and who are at risk for gastrointestinal events. Risk factors include being over the age of 65; history of a peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids and/or an anticoagulant; or high dose/multiple NSAID use. The clinical information submitted for review did not provide a current medication list for the patient. Therefore, the patient's risk factors as they relate to concurrent medication use and high dose NSAIDs, cannot be determined. Furthermore, the patient is under the age of 65 and has no documented history of adverse GI events. Without this supporting information, medical necessity cannot be determined. As such, the request for prescription of Prilosec 20 mg, #60 is not medically necessary.

PRESCRIPTION OF TEROGIN CREAM 240ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesics Page(s): 105,111-113.

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend topical analgesics to treat primarily neuropathic and osteoarthritic pain. Guidelines state that if any compounded product contains at least 1 drug (or drug class) that is not recommended, it deems the entire product not recommended. Terocin cream is a compounded medication containing methyl salicylate 25%, Capsaicin 0.025%, menthol 10%, and Lidocaine 2.50%. Currently, Lidocaine is only approved for use for neuropathic pain and in a dermal patch formulation; any other types of Lidoderm to include creams, lotions, or gels, are not approved for topical use. As the clinical information submitted for review did not provide evidence that the patient was suffering from neuropathic pain and the current request includes use of a cream formulation of Lidocaine, continued use of this medication is not indicated. As such, the request for prescription of Terocin cream 240 ML is not medically necessary.