MAXIMUS Federal Services

Case Number:	CM13-0072146		
Date Assigned:	01/08/2014	Date of Injury:	10/07/2010
Decision Date:	07/08/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 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 47-year-old female who has submitted a claim for right wrist sprain/strain, and right shoulder internal impingement associated with an industrial injury date of October 7, 2010.Medical records from 2013 were reviewed. Patient complained of pain at the right shoulder and right wrist. It was described as dull, sharp, stabbing, tingling, stiffness, associated with weakness. Physical examination revealed tenderness over the right shoulder and right wrist. Both Phalen's and Tinel's tests were positive. Treatment to date has included unspecified right shoulder surgery, physical therapy, and medications such as cyclobenzaprine, Norco, tramadol, naproxen, and topical compounded drugs.Utilization review from December 16, 2013 denied the requests for Condrolite 500/200/150 mg, #90 because the review did not establish the presence of substantial osteoarthritis that would require this medication; omeprazole 20 mg, #60 because of lack of documentation of gastrointestinal condition; Norco 10/325, #60 because weaning is recommended for this case; naproxen 550 mg, #60 because chronic use of NSAIDs is not recommended; tramadol/L-carnitine 40/125mg, #90 because there is insufficient evidence of its anti-oxidant efficacy; flurbiprofen 20%, tramadol 20% in Mediderm base 240 grams; and gabapentin 10%, amitriptyline 10%, dextromethorphan 10% in Mediderm base 240 grams because topical compounded medications are not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONDROLITE 500/200/150MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: Condrolite is a medical supplement consisting of glucosamine sulfate 500mg, chondroitin sulfate 200mg, and MSM 150mg. CA MTUS Chronic Pain Medical Treatment Guidelines page 50 states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Methylsulfonylmethane (MSM) is not FDA approved. In this case, patient does not have knee osteoarthritis or osteoarthritis of painful body parts that would necessitate use of this supplement. There is no clear rationale for the use of this supplement. Therefore, the request for Condrolite 500/200/150MG #90 is not medically necessary.

OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2. Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient currently has intake of both Norco and naproxen. However, there was no subjective report that patient was experiencing heartburn, epigastric burning sensation or any other gastrointestinal symptoms that will corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Omeprazole 20MG #60 is not medically necessary.

NAPROXEN 550MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on naproxen since April 2013. However, there are

no reports of pain relief or functional benefits derived from its use. Furthermore, long-term usage is not recommended. Therefore, the request for Naproxen 550MG #60 is not medically necessary.

TRAMADOL-CAROTENE 40/125MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The ODG states that L-Carnitine is a medical food, which may be used if there is distinctive nutritional requirement. In addition, ODG states that compound drugs are not approved by the FDA. In this case, patient is on Hydrocodone/APAP 10/325 mg. There is no discussion concerning the need to provide tramadol with a compounded L-carnitine. Furthermore, there is no evidence that patient has a nutritional deficiency necessitating intake of medical food. There is no documented rationale for this request. The medical necessity has not been established. Therefore, the request for TramadoL/L Carnitine 40/125 MG, #90 is not medically necessary.

FLURBIPROFEN 20%, TRAMADOL 20% IN MEDIDERM BASE 240GRAMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111-113.

Decision rationale: As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of Flurbiprofen in compounded products. Tramadol is indicated for moderate to severe pain. Medi-Derm is composed of capsaicin 0.035%, menthol 5%, and Methyl Salicylate 20%. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, Methyl Salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that Salicylate topicals are significantly better than placebo in chronic pain. CA MTUS Chronic Pain Medical Treatment Guidelines page 111 states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Patient has been on

this medication since April 2013. There is no documentation regarding the necessity of topical preparation in this patient or any benefits derived from this medication. In addition, certain components of this compound are not recommended for topical use. Therefore, the request for Flurbiprofen 20%, Tramadol 20% In Mediderm base 240grams is not medically necessary.

GABAPENTIN 10%, AMITRIPTYLINE 10%, DEXAMETHORPHAN 10% IN MEDIDERM BASE 240GRAMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111-113.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended for use as a topical analgesic. Dextromethorphan is not addressed in the guidelines. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. Medi-Derm is composed of capsaicin 0.035%, menthol 5%, and Methyl Salicylate 20%. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, Methyl Salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that Salicylate topicals are significantly better than placebo in chronic pain. Patient has been on this medication since April 2013. There is no documentation regarding the necessity of topical preparation in this patient or any benefits derived from this medication. In addition, certain components of this compound are not recommended for topical use. Therefore, the request for Gabapentin 10%, Amitriptyline 10%, Dexamethorphan 10% In Mediderm base 240grams is not medically necessary.

NORCO 10/325MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic

decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since April 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325MG #60 is not medically necessary.