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| <b>Case Number:</b>   | CM14-0001184 |                              |            |
| <b>Date Assigned:</b> | 01/22/2014   | <b>Date of Injury:</b>       | 06/25/2013 |
| <b>Decision Date:</b> | 06/12/2014   | <b>UR Denial Date:</b>       | 12/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/03/2014 |

### 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 and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 50 year old female who reported an injury on 06/25/2013. She reportedly sustained a right index finger injury when struck by another cart, while pulling a laundry cart. The clinical document dated 12/09/2013 presented the injured worker with a right wrist complaint. The injured workers physical exam of the right wrist revealed muscle spasms of the forearm, Tinels and Finkelstein's tests caused pain, and Phalen's test caused radiating pain. The injured worker was diagnosed with right carpal sprain/strain and rule out right carpal tunnel syndrome. The x-ray of the right hand dated 10/22/2013 revealed unremarkable findings. The provider recommended Flexeril, Protonix, and a compound cream that contains Flurbiprofen, Cyclobenzaprine, Gabapentin, and Tramadol. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROTONIX 20 MG, 1 TABLET BY MOUTH TWO TIMES PER DAY, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors..

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

**Decision rationale:** The request for Protonix 20MG #60 is not medically necessary. The Chronic Pain Treatment Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID's. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It was unclear if the injured worker had a history of peptic ulcer, GI bleed, or perforation. It was unclear that the injured worker is at risk for gastrointestinal events. Therefore, the request is not medically necessary.

**FLEXERIL 7.5 1 TAB BY MOUTH TWO TIMES A DAY, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41.

**Decision rationale:** The request for Flexeril (Cyclobenzaprine) 7.5 two times a day with a quantity of 60 is not medically necessary. The Chronic Pain Treatment Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first four days of treatment, suggesting that shorter courses may be better. It appears the injured worker has been prescribed the medication since at least 09/06/2013. The request for additional use of the medication would exceed the guideline recommendations. The efficacy of the medication was unclear, therefore, the request is not medically necessary.

**FLURBIPROFEN, 20 PERCENT CYCLOBENZAPRINE, 10 PERCENT GABAPENTIN, 10 PERCENT TRAMADOL, 20 PERCENT CREAM, 30 GM, #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesia.

**Decision rationale:** The request for Flurbiprofen 20%, Cyclobenzaprine 10%, Gabapentin 10%, Tramadol 20% cream, 30 GM, #1 is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that Transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines note Gabapentin is not recommended for topical application. Topical (NSAIDS) non-steroidal anti-inflammatory drugs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize

topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. As the guidelines do not recommend the use of muscle relaxants or Gabapentin for topical application, the medication would not be indicated. It was also unclear if the injured worker had a diagnosis which would be congruent with the guideline recommendations for topical NSAIDs. Therefore, the request is not medically necessary.