

Case Number:	CM14-0003170		
Date Assigned:	01/31/2014	Date of Injury:	12/31/2012
Decision Date:	06/19/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/09/2014

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 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 has filed a claim for left ankle sprain/strain associated with an industrial injury of December 31, 2012. Thus far, the patient has been treated with NSAIDs, opioids, muscle relaxant, topical creams, ankle support, physical therapy, and pool therapy. The patient is currently on Tramadol, Omeprazole, and topical patches. Review of progress notes reports pain of the neck, bilateral shoulders, low back, left knee, and left ankle. Findings with regards to the left ankle include pain upon range of motion, slightly decreased range of motion, and positive inversion test. The patient ambulates with a limp favoring the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES., CHAPTER: NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK,

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

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. The patient has been on this medication since at least August 2013. There is no documentation regarding adverse gastrointestinal symptoms in this patient, and the patient does not have risk factors for increased GI events as listed above. Therefore, the request for omeprazole was not medically necessary per the guideline recommendations of CA MTUS.

TGHOT TOPICAL CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, CHAPTER: TOPICAL ANALGESICS,

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

Decision rationale: TG Hot contains tramadol 8%/ gabapentin 10%/ menthol 2%/ camphor 2%/ capsaicin 0.05%. As noted on page 111-113 of the Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. 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. 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. In this case, there is no clear indication to support the use of this medication in this patient. There is no need for variance from guideline recommendations. Therefore, the request for TGhot topical cream was not medically necessary per the guideline recommendations of CA MTUS.

FLURFLEX OINTMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES., CHAPTER: TOPICAL ANALGESICS,

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

Decision rationale: Flurflex contains flurbiprofen 10% and cyclobenzaprine 10%. 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. Cyclobenzaprine is not recommended for use as a topical analgesic. In addition, there is little to no research as for the use of flurbiprofen in compounded products. Both components of this ointment is not recommended for topical use. There is no indication as to why the patient is unable to tolerate oral first-line medications. Therefore, the request for Flurflex ointment was not medically necessary per the guideline recommendations of CA MTUS.

EIGHT PHYSICAL THERAPY VISITS.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES., CHAPTER: PHYSICAL THERAPY,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. This patient already had six sessions of physical therapy, with additional four authorized in the utilization review dated December 18, 2013 for a total of 10 sessions. There is no documentation regarding functional benefits derived from these additional sessions. Also, the requested body part for physical therapy is not specified. Therefore, the request for eight physical therapy visits was not medically necessary per the guideline recommendations of CA MTUS.