

Case Number:	CM14-0003238		
Date Assigned:	01/31/2014	Date of Injury:	09/17/2004
Decision Date:	06/24/2014	UR Denial Date:	12/17/2013
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 Physical Medicine and Rehabilitation 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 42-year-old female who reported an injury on 09/17/2004 after running a label machine that reportedly caused injury to her right upper extremity. The injured worker's treatment history included physical therapy, chiropractic care, injections, and multiple medications. The injured worker was evaluated on 11/14/2013. It was documented that the injured worker complained of continual cervical spine, lumbar spine, and right upper extremity pain. Physical findings included tenderness to palpation of the cervical spine, lumbar spine, and right shoulder. The injured worker's diagnoses included cervical spine discopathy, right wrist carpal tunnel syndrome, right shoulder history of surgery, and lumbar spine musculoligamentous injury. The injured worker's treatment plan included continued authorization of the injured worker's medications. These were listed as vicoprofen 7.5/200 mg, flexeril 5 mg, prilosec 20 mg, and a transdermal cream. It was noted within the documentation that the injured worker was monitored for aberrant behavior with urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICOPROFEN 7.5/200MG QUANTITY: 60.00: 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 HYDROCODONE/IBUPROFEN, 92

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested vicoprofen 7.5/200 mg quantity 60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing use of opioids and the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 10/2013. It is also noted within the documentation that the injured worker is monitored for aberrant behavior with urine drug screens. However, the clinical documentation submitted for review does not clearly identify a quantitative assessment of pain relief or functional benefit resulting from medication usage. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested vicoprofen 7.5/200 mg quantity 60 is not medically necessary or appropriate.

FLEXERIL 5MG QUANTITY: 90.00: 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 CYCLOBENZAPRINE, 41, 64

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested flexeril 5 mg quantity 90 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 08/2013. California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. California Medical Treatment Utilization Schedule recommends the short-term use of muscle relaxants not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone an acute exacerbation of chronic pain and would benefit from this medication. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested flexeril 5 mg quantity 90 is not medically necessary or appropriate.

PRILOSEC 20MG QUANTITY: 60.00: 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 USE OF NSAIDS AND SSRIS, 69

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

Decision rationale: The requested prilosec 20 mg quantity 60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 08/2013. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for injured worker's who are at risk for developing gastrointestinal events related to medication usage. The injured worker's most recent clinical evaluation does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at significant risk for developing gastrointestinal events related to medication usage. Therefore, continued use of this medication is not supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested prilosec 20 mg quantity 60 is not medically necessary or appropriate.

FLURBI (NAP) CREAM-LA 180GM (FLURBIPROFEN 20%/LIDOCAINE 5%/AMITRIPTYLINE 5%) QUANTITY: 1.00: 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, 111-113

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

Decision rationale: The requested flurbi cream is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 10/2013. California Medical Treatment Utilization Schedule does not recommend the use of topical nonsteroidal antiinflammatory drugs for periods of time longer than 4 weeks. Additionally, there should be documentation that the injured worker cannot tolerate oral formulations of nonsteroidal antiinflammatory drugs. The clinical documentation submitted for review does not provide any exceptional factors to extend treatment beyond guideline recommendations. As the injured worker has been on this medication for a period of longer than 4 weeks, continued use would not be supported. Additionally, lidocaine is not supported by California Medical Treatment Utilization Schedule as a topical analgesic as it is not FDA approved to treat neuropathic pain in a gel or cream formulation. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address topical antidepressants. Peer-reviewed literature does not support the use of topical antidepressants as there is little scientific data to support the efficacy and safety of antidepressants in this formulation. There is no documentation that the injured worker has failed to respond to oral formulations of antidepressants and may benefit from a topical solution. Furthermore, the request as it is submitted does not provide a frequency or body part. In the absence of this information, the appropriateness of the request itself cannot be determined. California Medical Treatment Utilization Schedule does not recommend the use of any compounded medication that contains at least 1 drug or drug class that is not supported. As such, the requested flurbi (nap) cream-LA 180gm (flurbiprofen 20%/lidocaine 5%/amitriptyline 5%) quantity: 1.00 is not medically necessary or appropriate.