

Case Number:	CM14-0006311		
Date Assigned:	02/07/2014	Date of Injury:	10/08/2011
Decision Date:	07/11/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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 Internal 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:

Patient is a 53-year-old female who has submitted a claim for large rotator cuff tear s/p repair, Buford complex labrum, and degenerative labral tear, synovitis associated with an industrial injury date of 10/8/11. Medical records from 2012-2013 were reviewed which revealed intermittent pain in her right shoulder. There was increased neck pain, which radiated to her left arm. Low back pain was also noted which radiated to her right knee. Physical examination of the shoulder showed limited range of motion secondary to pain. MMT was 5/5. Impingement test was negative. Treatment to date has included, right shoulder arthroscopy with rotator cuff repair, decompression of subacromial space, bursectomy, glenohumeral joint debridement, shoulder injection and physical therapy sessions. Medications taken include Naproxen, Tramadol and Prilosec. Utilization review from 12/19/2013 denied the requests for compound cream, Tramadol 150 mg and Prilosec 20 mg. Compound cream was denied because guidelines stated that any compounded product that contains at least one drug that is not recommended is not recommended. Regarding Tramadol 150 mg, it was denied because no obvious efficacy was noted upon patient's use of the said medication. Lastly, Prilosec 20 mg was denied because no documentation stated that patient has gastrointestinal events that would warrant the use of Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CREAMS FLURBIPROFEN, LIDOCAINE, MENTHOL AND CAMPHOR AND ALSO TRAMADOL, LIDOCAINE, DEXTROMETHORPHAN, AND CAPSAICIN): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Salicylate Topicals.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, compound cream requested was composed of Flurbiprofen, Lidocaine, Menthol AND Camphor and also Tramadol, Lidocaine, Dextrometorphan, and Capsaicin. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond to other treatments. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. 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 Tramadol, it is indicated for moderate to severe pain, but is likewise not recommended for topical use. Regarding Flurbiprofen, CA MTUS supports a limited list of NSAID topicals, which does not include Flurbiprofen. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request for Compound Creams (Dr. Dorsey Checked off Flurbiprofen, Lidocaine, Menthol and Camphor and also Tramadol, Lidocaine, Dextromethorphan, and Capsaicin is not medically necessary.

TRAMADOL 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: According to pages 79-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate

medication use, and side effects. In this case, the patient has been using Tramadol since September 2013. However, quantified pain measures and functional status were not documented. Compliance measuring methods were also not evident based on the records submitted for review. Therefore, the request for tramadol 150mg, #60 is not medically necessary.

PRILOSEC 20MG #30: 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, Gi Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of 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. In this case, patient was prescribed Prilosec 20mg since at least 2013. However, patient has no subjective complaints and objective findings pertaining to the gastrointestinal system that warrant the use for Prilosec. Medical records do not indicate that the patient has risk factors for any gastrointestinal events. Therefore, the request for Prilosec 20 mg #30 is not medically necessary.