

Case Number:	CM14-0006426		
Date Assigned:	04/16/2014	Date of Injury:	04/29/2010
Decision Date:	06/12/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 62 year old female patient s/p injury 4/29/10. The patient presented 6/3/13 with constant severe right shoulder, hand, and forearm pain. The patient is not working. Objective findings included decreased right upper extremity range of motion with tenderness. There is a request for refills of Naproxen and Omeprazole and topical compound medication. There is no note of response to naproxen or omeprazole. The note does note that the patient responds well to the compound agent. 7/15/13 note indicates that the patient has constant severe right shoulder, hand, and forearm pain. All activities increase the pain. The patient is not working. Objectively, there is decreased range of motion. Request is for refill of naproxen and omeprazole and topical compound. There is no mention of response to naproxen or omerazole. The note states that the patient responds well to the compound medication. There is documentation of a previous adverse determination 11/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR NAPROXEN SODIUM 550MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Naproxen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, the records preceding the 7/15/13 request and the 7/15/13 note do not provide objective response to the use of naproxen which would indicate the medical necessity for continued use. Without evidence of efficacy, there is no establishment of medical necessity.

RETROSPECTIVE REQUEST FOR OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that PPI medications are useful in patients with intermediate or high risk of GI complications. However, there is no indication of this patient having any increased risk factors for GI complications. There is no evidence of efficacy. The medical necessity is not established.

**RETROSPECTIVE REQUEST FOR TOPICAL COMPOUND MEDICATION:
FLURBIPROFEN 25%, LIDOCAINE 5%, MENTHOL 1%, CAMPHOR 1%:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Topical Medications; Topical Nsaids; Lidocaine, Topica.

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Lidocaine component, California 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, California 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. The request is not medically necessary.