

Case Number:	CM14-0009688		
Date Assigned:	05/30/2014	Date of Injury:	02/05/2013
Decision Date:	08/07/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/23/2014

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 Emergency 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 with reported date of injury on 2/5/2013. Mechanism is described as a fall down stairs. Patient already had prior chronic pains but no details of these pains were provided. Patient has a diagnosis of chronic cervicgia, bilateral upper extremity and lower extremity radicular pain, chronic lumbar pain, recurrent myofascial strain and post-traumatic head concussion. Patient also has complaints of sleep issues. Injured worker complains of multiple pains in multiple areas including neck, R shoulder, lumbar spine, face and head. Pain is moderate and constant. Objective exam reveals decreased range of motion of neck and lumbar spine, R shoulder. 3+ tenderness throughout entire cervical and lumbar paraspinal muscles. Muscle spasms. Pt appears to be getting chiropractic. There is no documentation of any physical therapy or any treatment except for statements concerning medications and request for TENS. There is not a single advance imaging report or electrodiagnostic test provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine(Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is a muscle relaxant. As per MTUS Chronic pain guidelines, it is recommended for short course only due to side effects. The requested number of tablets is not consistent with short term use. Chronic use of flexeril is not recommended and is therefore not medically necessary.

Omeprazole 20 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: There is no documentation provided as to why omeprazole was requested. Omeprazole is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. Patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. It is not medically necessary.

Flurbiprofen 20%, Lidocaine 10%, Dexamethasone 4%; 240 gm: 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): 111-113.

Decision rationale: The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, Any compounded product that contain one drug or drug class that is not recommended is not recommended. 1) Flurbiprofen: Not Recommended. A topical NSAID that may be used short term for musculoskeletal pain. Injured worker has multiple (4) NSAIDs in multiple creams leading to high risk of side effects and toxicity. 2) Lidocaine: Not recommended. Only approved for neuropathic pain. 3) Dexamethasone: Not recommended. Dexamethasone is a steroid. Review of Official Disability Guide and ACOEM guidelines only mention use of systemic and injectable steroid. There is a significant risk of systemic absorption and side effects. This compounded cream has multiple non-evidence based medications with potentially severe side effects. Multiple non-evidenced based topical non-FDA approved compounded products have NSAIDs and may duplicate oral medications which can lead to serious side effects and toxicity. This cream is not medically necessary.

Capsaicin 0.375%, Diclofenac 20%, Tramadol 10%, Flurbiprofen 10%, Tramadol/Lcarnitine 40/125 mg; #90: 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): 111-113.

Decision rationale: The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, Any compounded product that contain one drug or drug class that is not recommended is not recommended. 1) Capsaicin: Not recommended. Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. 2) Diclofenac: Not Recommended. A topical NSAID that may be used short term for musculoskeletal pain. Pt has multiple (4) NSAIDs in multiple creams leading to high risk of side effects and toxicity. 3) Tramadol: Tramadol is an opioid that is only FDA approved for oral use. There is no evidence to support its use as a topical compound. 4) Flurbiprofen: Not Recommended. A topical NSAID that may be used short term for musculoskeletal pain. Pt has multiple (4) NSAIDs in multiple creams leading to high risk of side effects and toxicity. Flurbiprofen is also present in another cream that was requested. This compounded cream has multiple non-evidence based medications with potentially severe side effects. Multiple non-evidenced based topical non-FDA approved compounded products have NSAIDs and may duplicate oral medications which can lead to serious side effects and toxicity. This cream is not medically necessary.

Baclufen/Flurbiprofen/Acetyl-Carnitine 7/60/125 mg; #90: 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): 111-113.

Decision rationale: The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, Any compounded product that contain one drug or drug class that is not recommended is not recommended. 1) Baclofen: Not recommended. Baclofen is a muscle relaxant. As pre MTUS, topical baclofen is experimental and is not recommended. 2) Flurbiprofen: Not Recommended. A topical NSAID that may be used short term for musculoskeletal pain. Pt has multiple (4) NSAIDs in multiple creams leading to high risk of side effects and toxicity. Flurbiprofen is also present in another cream that was requested. 3) Acetyl-Carnitine: Not recommended. This amino acid is considered a supplement. There is no information in the MTUS or ACOEM or ODG concerning its use as a topical product. Review of literature and internet search finds nothing on Acetyl-carnitine except for random non-evidence based alternative beauty and anti-aging anecdotes. Oral Acetyl-Carnitine has little medical use beyond Acetyl-Carnitine deficiencies and a few rare metabolic disorders. This compounded cream has multiple non-evidence based products with potentially severe side effects. Multiple non-evidenced based topical non-FDA approved compounded products have NSAIDs and may duplicate oral medications which can lead to serious side effects and toxicity. This cream is not medically necessary.