

Case Number:	CM14-0113530		
Date Assigned:	08/01/2014	Date of Injury:	09/25/2013
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/21/2014

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 Illinois. 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 55-year-old male who reported injury on 09/25/2013 caused by an unspecified mechanism. The injured worker's treatment history included MRI, EMG/NCV (electromyography/ nerve conduction velocity), surgery, injections, knee stabilizer brace, CT scan, and x-rays. The worker was evaluated on 06/30/2014, and it was documented the injured worker complained of continued neck and lower back pain radiating to the upper and lower extremities. He also continued to have bilateral knee pain with locking, popping, and instability, but his main complaint at that time was left shoulder and left elbow pain with decreased range of motion and weakness. This interferes with lifting, pushing, and pulling objects as well as repetitive motions; he is performing his usual and customary work duties despite pain. On examination, spasm tenderness and guarding are noted in the paravertebral musculature of the cervical and lumbar spine with decreased range of motion. He was ambulating with an antalgic gait. Medial and lateral joint line tenderness and patellar crepitus are noted with flexion and extension of both knees. Positive impingement and Hawkins's sign are noted in the left shoulder with decreased range of motion on abduction of less than 100 degrees. Tenderness was noted over the medial and lateral epicondyles of the left elbow. The injured worker's medications are providing him with some pain relief and maintaining function. Diagnoses include cervical sprain/strain, lumbar sprain/strain, shoulder sprain/strain, hand sprain/strain, shoulder tendonitis/bursitis, elbow sprain/strain, right wrist tendonitis/bursitis, and knee sprain/strain. The request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6% Gabapentin 10% Ketoprofen 10%, 60gm with 1 refill: 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 California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines note gabapentin, Ketoprofen, Lidocaine is not recommended for topical application. Lidocaine is only recommended for localized pain after there has been evidence of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitors) anti-depressants or an AED (anti-epilepsy drugs) such as gabapentin or Lyrica). The guidelines do not recommend the use of muscle relaxants or gabapentin for topical application, the medication would not be indicated. Ketoprofen is not currently FDA approved for a topical application. It was also unclear if the injured worker had a diagnosis which would be concurrent with the guideline recommendation of topical NSAIDs. Additionally, the provider's request did not indicate the dose, frequency, or quantity of the cream in the request as submitted. As such, the request for Lidocaine 6% Gabapentin 10% Ketoprofen 10% 60gm, with 1 refill is non-certified.

Naproxen Sodium 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory, Anti-Spasmodic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen, and there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP (low back pain). For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen had fewer side effects. On 06/30/2014 it was documented that the injured worker was to continue with home exercise regimen however, the provider failed to indicate long-term functional goals for the injured worker. There was lack of documentation stating the efficiency of the Naproxen for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Naproxen is taken by the injured worker. In addition, the request

for Naproxen did not include the frequency. Given the above, the request for the Naproxen Sodium 550mg is non-certified.

Norflex 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory, Anti-Spasmodic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants & Orphenadrine (Norflex) Page(s): 64 & 65.

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain). However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Norflex drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Dosing: 100 mg twice a day; combination products are given three to four times a day. The documentation submitted for review failed to indicate how long the injured worker has been taking Norflex and the outcome of pain measurements while on the medication. In addition, there were no conservative care measurements such as physical therapy or long-term functional goals for the injured worker. The request failed to indicate frequency of medication. Given the above, the request for Norflex 100mg, is non-certified.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory, Anti-Spasmodic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did indicate the injured worker as having gastrointestinal events and heartburn however, the provider failed to indicate the frequency of medication on the request that was submitted. On 06/30/2014 it was documented that the injured worker was to continue with home exercise regimen however, the provider failed to indicate long-term functional goals, medication pain management outcome measurements for the injured worker. Given the above, the request for Omeprazole 20mg (Prilosec) is non-certified.

Terocin Patch: 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.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. The documentation submitted failed to indicate the injured worker's conservative care measures such as, physical therapy and pain medicine management outcome. In addition, request did not provide frequency, dosage or location where the patches will be applied. As such, the request for Terocin Patches is non-certified.