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| Case Number: | CM14-0117422 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 09/11/2013 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 07/10/2014 |
| Priority: | Standard | Application Received: | 07/26/2014 |

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 Occupational 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:

The patient is a 56 year old male who has submitted a claim for sprain of lumbar area associated with an industrial injury date of September 11, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of pain to the left shoulder with prolonged arm movement with radiation down to lumbar spine. Physical examination revealed tenderness over the lumbar region with spasms, pain with end ROM and positive Kemp test. Treatment to date has included Naproxen, Omeprazole, tramadol, orphenadrine and compound topical creams. Utilization review from July 10, 2014 denied the request for MED: Topical Compound creams Flurbiprofen/Capsaisin/menthol 10/0.25/1% (120 mg), Ketoprofen/cyclobenzaprine/lidocaine 10%/3%/5%, and Pantoprazole (Omeprazole) 20 mg #60. The requests for the topical creams were denied because the guidelines do not support their use and there was no evidence that a trial of first-line antidepressants and anticonvulsants have failed. The request for pantoprazole was denied because the patient did not have any GI symptom or any objective evidence of GI disorders.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED: Topical Compound creams Flurbiprofen/Capsaisin/menthol 10/0.25/1% (120 mg):
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: 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. Regarding Flurbiprofen, CA MTUS supports a limited list of NSAID topical, which does not include Flurbiprofen. Guidelines state that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. 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. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. In this case, the patient has been prescribed topical cream as adjuvant therapy to oral medications. However, the requested compounded product contains flurbiprofen, which is not recommended for topical use. Therefore, the request for Topical Compound creams Flurbiprofen/Capsaicin/menthol 10/0.25/1% (120 mg) is not medically necessary.

Ketoprofen/cyclobenzaprine/lidocaine 10%/3%/5%: 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): 112-113.

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. Regarding Cyclobenzaprine, guidelines state that there is no evidence to support the use of cyclobenzaprine as a topical compound. Topical formulations of Lidocaine and Prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Topical NSAID formulation is only supported for diclofenac in the California MTUS. . All components of the compounded product being requested is not recommended. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Ketoprofen/cyclobenzaprine/lidocaine 10%/3%/5% is not medically necessary.

Pantoprazole (Omeprazole) 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as Omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: 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, pantoprazole was prescribed due to concomitant use of an NSAID. However there was no evidence of any GI complaint or any any risk factor mentioned above for a gastrointestinal event. Therefore, the request for Pantoprazole (Omeprazole) 20 mg #60 is not medically necessary.