

Case Number:	CM14-0118446		
Date Assigned:	08/06/2014	Date of Injury:	12/09/2009
Decision Date:	09/22/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/28/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 65-year-old female who reported an injury on 12/09/2009 while stopped at an intersection waiting for the traffic light to turn green she was rear-ended. Diagnoses were musculoligamentous sprain of the cervical spine with left upper extremity radiculitis, disc bulges, internal derangement right knee, status post arthroscopy bilateral knees, osteoarthritis of the trapezium first metacarpal joint bilateral hands, disc bulges L2-3, L4-5, and L5-S1, L5 radiculopathy, and degenerative disc disease lumbar spine. Past treatments have been a home exercise program, wrist brace, chiropractic treatment, physical therapy, traction, and cervical epidural steroid injections. Diagnostic studies were cervical MRI. Past surgeries were bilateral knee surgeries. Physical examination on 06/11/2014 revealed complaints of neck pain. The injured worker is unable to find a comfortable position due to neck pain. There were complaints of both wrists with pain, numbness and tingling. There were also complaints of low back pain that was aggravated by certain movements. Physical examination revealed tenderness over the L5 centrally. Medications were tramadol 25 mg, flurbiprofen lidocaine cream, omeprazole flurbiprofen capsules. The treatment plan was to continue medications as directed and also for an EMG/NCV. The rationale was not submitted. The request for authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole/flurbiprofen 10mg/100mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Compound medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 68, 69.

Decision rationale: The request for Omeprazole/Flurbiprofen 10mg/100mg quantity 90 with 3 refills is non-certified. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg meprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Flurbiprofen is a non-steroidal anti-inflammatory drug. The California MTUS Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The efficacy for this medication was not reported. There was no diagnosis of GERD. Also, the request does not indicate the frequency for this medication. Therefore, the request is non-certified.

Flurbiprofen/Lidocaine 20%/5% cream 180g #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, page 72, Topical Analgesics, page 111, Lidocaine, page 112 Page(s): 72, 111, 112.

Decision rationale: The request for flurbiprofen/lidocaine 20% / 5% cream, 180 gm, quantity 180 with 3 refills, is non-certified. The California Medical Treatment Utilization Schedule indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They 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. Topical NSAIDs have been shown in Meta analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2 week period. This agent is not currently FDA-approved for a topical application. FDA-approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine-National Institute of Health (NLN-NIH)

database demonstrated no high-quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The medical guidelines do not support the use of compounded topical analgesics. Therefore, the request is non-certified.

Tramadol 25mg #200 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing Management Page(s): 82, 93, 94, 113; 78.

Decision rationale: The request for tramadol 25 mg quantity 200 with 3 refills is non-certified. The California Medical Treatment Utilization Schedule states central analgesic drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. The medical guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is non-certified.