

Case Number:	CM14-0131001		
Date Assigned:	09/16/2014	Date of Injury:	11/29/2011
Decision Date:	10/21/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 29, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; opioid therapy; and the apparent imposition of permanent work restrictions through a medical-legal evaluation. In a utilization review report dated July 15, 2014, the claims administrator denied a request for Prilosec, Ultracet, a flurbiprofen-containing topical compound, a ketoprofen-containing topical compound, and a gabapentin-containing topical compound. The applicant's attorney subsequently appealed. In a progress note dated June 20, 2014, the applicant reported multifocal 3-7/10 neck, low back, right wrist, and right hand pain. The applicant stated that her pain levels are increased with activity. The applicant was using Ultracet, Prilosec, and topical compounds, it was stated. Several of the same medications were refilled. It was not stated, however, whether the applicant was suffering from actual symptoms of reflux or whether the attending provider was employing Prilosec for gastric protective purposes. Ultracet and topical compounds were also endorsed, again without any explicit discussion of medication efficacy. The applicant was asked to continue permanent work restrictions. While it was not explicitly stated whether or not the applicant was working with permanent limitations in place, it did not appear that this was the case. In an earlier note dated April 7, 2014, permanent work restrictions were again renewed, along with Ultracet, omeprazole, and topical compounds. The applicant's work status, again, was not clearly outlined, although it did not appear that the applicant was, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as Prilosec to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes referenced above. It was not clearly stated for what purpose Prilosec was being employed here. Therefore, the request is not medically necessary.

Ultracet 37.5/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off work with permanent work restrictions in place. The applicant continues to report pain levels as high as 7/10, despite ongoing Ultracet usage. The attending provider has failed to outline any quantifiable decrements in pain or tangible improvements in function achieved as a result of ongoing Ultracet usage. Therefore, the request is not medically necessary.

Flurbiprofen 20% cream 120gm: 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 Topic. Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics and Topical Compounds, as a class, are "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line

oral pharmaceuticals so as to justify selection and/or ongoing usage of the flurbiprofen-containing topical compound at issue. Therefore, the request is not medically necessary.

Ketoprofen 20% Ketamine 10% cream 120gm: 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 Topic. Page(s): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.0375% cream 120 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 Topic. Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.