

Case Number:	CM14-0152021		
Date Assigned:	09/22/2014	Date of Injury:	01/15/2011
Decision Date:	10/21/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/17/2014

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 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:

This 56 year-old patient sustained an injury on 1/15/11 while employed by Airport Automotive Center, Inc. Request(s) under consideration include Topical compound cream Ketoprofen / Cyclobenzaprine / Lidocaine 10%/ 3%/ 5% #120 gm, Omeprazole 20mg #60, and Back Brace. Diagnoses include bilateral carpal tunnel syndrome; cervical disc herniation; lumbar disc herniation; myospasm; and right elbow lateral epicondylitis. The patient continues to treat for chronic neck, upper extremity, and low back pain. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 8/7/14 from the provider noted patient with continued chronic pain symptoms. Exam showed tenderness to bilateral wrists with positive Phalen's testing bilaterally. Report of 9/4/14 from the provider noted the patient with right arm pain rated at 7-8/10 with numbness throughout right arm to fingers; left wrist and hand pain rated at 7-8/10 with numbness; lumbar spine pain at 7-8/10 radiating to left leg, foot and toes with associated numbness; persistent sleep disturbances. Exams showed unchanged bilateral wrist tenderness; positive Phalen's bilaterally; tenderness and spasm of cervical and lumbar spine. The request(s) for Topical compound cream Ketoprofen / Cyclobenzaprine / Lidocaine 10%/ 3%/ 5% #120 gm, Omeprazole 20mg #60, and Back Brace were non-certified on 8/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream Ketoprofen / Cyclobenzaprine / Lidocaine 10%/3%/5% #120gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This 56 year-old patient sustained an injury on 1/15/11 while employed by Airport Automotive Center, Inc. Request(s) under consideration include Topical compound cream Ketoprofen / Cyclobenzaprine / Lidocaine 10%/ 3%/ 5% #120 gm, Omeprazole 20mg #60, and Back Brace. Diagnoses include bilateral carpal tunnel syndrome; cervical disc herniation; lumbar disc herniation; myospasm; and right elbow lateral epicondylitis. The patient continues to treat for chronic neck, upper extremity, and low back pain. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 8/7/14 from the provider noted patient with continued chronic pain symptoms. Exam showed tenderness to bilateral wrists with positive Phalen's testing bilaterally. Report of 9/4/14 from the provider noted the patient with right arm pain rated at 7-8/10 with numbness throughout right arm to fingers; left wrist and hand pain rated at 7-8/10 with numbness; lumbar spine pain at 7-8/10 radiating to left leg, foot and toes with associated numbness; persistent sleep disturbances. Exams showed unchanged bilateral wrist tenderness; positive Phalen's bilaterally; tenderness and spasm of cervical and lumbar spine. The request(s) for Topical compound cream Ketoprofen / Cyclobenzaprine / Lidocaine 10%/ 3%/ 5% #120 gm, Omeprazole 20mg #60, and Back Brace were non-certified on 8/22/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. There are no evidenced-based studies to indicate efficacy of muscle relaxant and topical anti-inflammatory medication over oral delivery. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2011 without documented functional improvement from treatment already rendered. The Topical compound cream Ketoprofen / Cyclobenzaprine / Lidocaine 10%/ 3%/ 5% #120 gm is not medically necessary and appropriate.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: This 56 year-old patient sustained an injury on 1/15/11 while employed by Airport Automotive Center, Inc. Request(s) under consideration include Topical compound cream Ketoprofen / Cyclobenzaprine / Lidocaine 10%/ 3%/ 5% #120 gm, Omeprazole 20mg

#60, and Back Brace. Diagnoses include bilateral carpal tunnel syndrome; cervical disc herniation; lumbar disc herniation; myospasm; and right elbow lateral epicondylitis. The patient continues to treat for chronic neck, upper extremity, and low back pain. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 8/7/14 from the provider noted patient with continued chronic pain symptoms. Exam showed tenderness to bilateral wrists with positive Phalen's testing bilaterally. Report of 9/4/14 from the provider noted the patient with right arm pain rated at 7-8/10 with numbness throughout right arm to fingers; left wrist and hand pain rated at 7-8/10 with numbness; lumbar spine pain at 7-8/10 radiating to left leg, foot and toes with associated numbness; persistent sleep disturbances. Exams showed unchanged bilateral wrist tenderness; positive Phalen's bilaterally; tenderness and spasm of cervical and lumbar spine. The request(s) for Topical compound cream Ketoprofen / Cyclobenzaprine / Lidocaine 10%/ 3%/ 5% #120 gm, Omeprazole 20mg #60, and Back Brace were non-certified on 8/22/14. Omeprazole medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers, none of which apply to this patient. Submitted reports have not described or provided any confirmed GI diagnosis of erosive esophagitis or hypersecretion diseases that meets the criteria to indicate medical treatment in a patient not taking NSAIDs. Review of the records show no documentation of any history, symptoms, clinical findings to warrant this medication. The Omeprazole 20mg #60 is not medically necessary and appropriate.

Back Brace.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Back brace, page 372

Decision rationale: This 56 year-old patient sustained an injury on 1/15/11 while employed by Airport Automotive Center, Inc. Request(s) under consideration include Topical compound cream Ketoprofen / Cyclobenzaprine / Lidocaine 10%/ 3%/ 5% #120 gm, Omeprazole 20mg #60, and Back Brace. Diagnoses include bilateral carpal tunnel syndrome; cervical disc herniation; lumbar disc herniation; myospasm; and right elbow lateral epicondylitis. The patient continues to treat for chronic neck, upper extremity, and low back pain. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 8/7/14 from the provider noted patient with continued chronic pain symptoms. Exam showed tenderness to bilateral wrists with positive Phalen's testing bilaterally. Report of 9/4/14 from the provider noted the patient with right arm pain rated at 7-8/10 with numbness throughout right arm to fingers; left wrist and hand pain rated at 7-8/10 with numbness; lumbar spine pain at 7-8/10 radiating to left leg, foot and toes with associated numbness; persistent sleep disturbances. Exams showed unchanged bilateral wrist tenderness; positive Phalen's bilaterally; tenderness and spasm of cervical and lumbar spine. The request(s) for Topical compound cream Ketoprofen /

Cyclobenzaprine / Lidocaine 10%/ 3%/ 5% #120 gm, Omeprazole 20mg #60, and Back Brace were non-certified on 8/22/14. There are no presented diagnoses of instability, acute compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic mid/low back pain. Reports have not adequately demonstrated the medical indication for the DME. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for brace cannot be medically recommended. CA MTUS notes back supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of injury of 2011. In addition, ODG states that back supports are not recommended for prevention; is under study for treatment of nonspecific back pain; and only recommended as an option for acute compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The Back Brace is not medically necessary and appropriate.