

Case Number:	CM14-0170471		
Date Assigned:	10/20/2014	Date of Injury:	12/27/2013
Decision Date:	11/21/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/15/2014

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:

This is a 35 year old female general laborer injured her neck, shoulder and both wrists at work on 27 Dec 2013. She was diagnosed with neck strain, bilateral shoulder strain and bilateral carpal tunnel syndrome. Comorbid conditions include morbid obesity treated with gastric bypass surgery. Presently the wrist pain is 6/10, worse in the AM, the neck pain is 5/10 and the shoulder pain is 7/10. Examination (24 Sep 2014) showed slight shoulder pain on palpation of rotator cuff with decreased range of motion in all directions (left worse than right), neck with pain on motion and motion limited in extension, flexion, right rotation, and left and right flexion. Left shoulder MRI (9 Jul 2014) showed supraspinatus tendinitis. Electromyogram (EMG) and Nerve Conduction Velocity (NCV) studies showed mild bilateral carpal tunnel syndrome. Treatment has included ice/heat packs, physical therapy, and corticosteroid injection into shoulder, wrist braces, acupuncture and medications (Prilosec, Tylenol, Flexeril, Cyclo-Lido-Keto cream, and Gaba-Keto-lido cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 1500 MG BID PRN #60 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47,49; 174, 181; 264, 271, Chronic Pain Treatment Guidelines 2 Page(s): 11-2. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Bulletin: FDA recommends health care professionals discontinue prescribing and dispensing prescription combination drug products with more than 325 mg of acetaminophen to protect consumers, <http://www.fda.gov/Drugs/DrugSafety/ucm381644.htm>.

Decision rationale: Tylenol (Acetaminophen) is a non-aspirin pain reliever and a fever reducer. Its mechanisms of action are still not well understood. It is considered the safest nonprescription medication for mild to moderate pain when prescribed in the recommended dosing. It is available over-the-counter in a variety of strengths but the manufacture maximum dosing is no more than 1300 mg every 8 hours not to exceed 4000 mg in 24 hours. The MTUS recommends the individual maximum dose of 1000 mg not to exceed 4000 mg in 24 hours. The request of using 1500 mg of acetaminophen per dose exceeds the recommended individual dosing recommended by the manufacturer and the MTUS. There is little evidence that this higher dosing is any more effective. Therefore, there is no medical necessity for use of this higher dosing schedule.

Cyclo-Keto-Lido Cream Apply BID PRN 240 MG 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 Part 2 Page(s): 41-2, 56, 64, 72, 111-13.

Decision rationale: Cyclo-Keto-Lido Cream is a combination product formulated for topical use. It is made up of cyclobenzaprine, a muscle relaxant, ketoprofen, a non-steroidal anti-inflammatory (NSAIDs) medication, and Lidocaine, an anesthetic. The use of topical agents to control pain is considered an option although it is considered largely experimental, as there is little to no research to support their use. The MTUS does not address the topical use of cyclobenzaprine but notes that when used systemically, cyclobenzaprine use should be brief (no more than 2-3 weeks) and not combined with other medications. NSAIDs have been effective topically in short term use trails for chronic musculoskeletal pain but long term use has not been adequately studied. Topical Lidocaine is recommended in the MTUS only for treatment of neuropathic pain. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since this patient does not have neuropathic pain use of Cyclo-Keto-Lido Cream is not medically necessary.

Gaba-Keto-Lido Cream Apply BID PRN 240 GM 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 Part 2
Page(s): 18-9, 49, 56, 72, 111-13.

Decision rationale: Gaba-Keto-Lido Cream is a combination product formulated for topical use. It is made up of gabapentin, an anticonvulsant and analgesic, ketoprofen, a non-steroidal anti-inflammatory (NSAIDs) medication, and Lidocaine, an anesthetic. The use of topical agents to control pain is considered an option although it is considered largely experimental, as there is little to no research to support their use. Even though the MTUS describes use of gabapentin as an effective medication in controlling neuropathic pain, it does not recommend its use topically. NSAIDs have been effective topically in short term use trails for chronic musculoskeletal pain but long term use has not been adequately studied. Topical Lidocaine is recommended in the MTUS only for treatment of neuropathic pain. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since this patient does not have neuropathic pain use of Gaba-Keto-Lido Cream is not medically necessary.

Prilosec 20 MG 1 QID #30 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2
Page(s): 68.

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer term use of non-steroidal anti-inflammatory drugs (NSAIDs) but does not address its use to prevent or treat dyspepsia caused by long term use of opioids, which is a known side effect of opioid medications. Other pain guidelines do not address the opioid issue either. However, since neither chronic opioids nor chronic NSAIDs are being used in this patient the use of Omeprazole in this patient is not medically indicated for her workman's compensation injuries. Therefore, this request is not medically necessary.