

Case Number:	CM14-0177475		
Date Assigned:	10/30/2014	Date of Injury:	03/24/2010
Decision Date:	12/08/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/27/2014

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 Interventional Spine 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 41-year-old female with a date of injury of 03/24/2010. The listed diagnoses per [REDACTED] are: 1. Pain in limb. 2. Reflex sympathetic dystrophy of the upper limb. 3. Neuralgias, neuritis and radiculitis. 4. Thyrotoxicosis. 5. Muscle spasm. 6. Cervicalgia. 7. Nausea and vomiting. 8. Gastrointestinal reflux disease. 9. Symptoms of depression. 10. Chronic pain syndrome. 11. Myalgia and myositis. According to progress report 10/08/2014, the patient presents with left arm pain which she describes as constant aching, cramping, burning with frequent sharp shooting pain and tingling sensation radiating to the left arm, wrist, and hand. Examination revealed muscle spasm in the cervical spine and limited rotation. The treater states that the patient suffers from complex regional pain syndrome in her left arm. He is requesting a refill of diclofenac 100 mg #60 and omeprazole 20 mg #60. He would like to also start patient on flurbiprofen 20%/lidocaine 5% topical cream. Utilization review denied the request on 10/21/2014. Treatment reports from 04/15/2014 through 10/08/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg, One Tablet Twice Daily, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

Decision rationale: This patient suffers from complex regional pain syndrome of the left arm. The treater is requesting for Diclofenac 100mg, One Tablet Twice Daily, and #60 for inflammation. Review of the medical file indicates the patient has been taking this medication since at least 04/15/2014. The treater in her 06/13/2014 progress report indicates that the only alleviating factor of patient's continued pain are SCS as well as sleeping and oral pain medications. The MTUS Guidelines page 22 supports the use of the NSAIDs for chronic low back pain and as a first line of treatment. In this case, the treater has noted the efficacy of these medications, and given patient's continued pain, this request is medically necessary.

Flurbiprofen 20%, Lidocaine 5%, Apply A Thin Layer To Affected Area 2-3 Times A Day: 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.

Decision rationale: This patient suffers from complex regional pain syndrome of the left arm. The treater would like to trial a topical compound cream which includes flurbiprofen 20% and lidocaine 5%. Apply a Thin Layer to Affected Area 2-3 Times a Day: The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS Guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. Therefore, the entire compound cream cannot be supported. This request is not medically necessary.

Omeprazole 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Anti-inflammatories Page(s): 68-69; 22.

Decision rationale: This patient suffers from complex regional pain syndrome of the left arm. The treater is requesting a refill of omeprazole 20 mg #60. For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of

treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been prescribed these medications since 06/21/2013. The medical records indicate the patient has been taking NSAIDs since at least 08/23/2013. The treater indicates that the patient suffers from gastrointestinal issues, and the patient has a diagnosis of gastroesophageal reflux disease. The treater states that the patient's GI issues are induced by NSAID use. Given the patient has been on NSAIDs for long term and has gastrointestinal issues, this request is medically necessary.