MAXIMUS Federal Services

Case Number:	CM14-0021090		
Date Assigned:	05/05/2014	Date of Injury:	07/10/2012
Decision Date:	08/05/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/20/2014

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 patient is a 50-year-old female who has submitted a claim for left carpal tunnel syndrome associated with an industrial injury date of 07/10/2012. Medical records from 07/30/2013 to 01/08/2014 were reviewed and showed that patient complained of persistent left wrist pain graded 6-10/10 with locking and tightness. Physical examination revealed a well-healed 2 cm volar incision about the carpal tunnel of the left wrist with no intrinsic, thenar, or hypothenar atrophy. Clicking and catching of the wrist was noted. Tinel's sign was positive on the left wrist. Magnetic Resonance Imaging (MRI) of the left wrist dated 11/06/2013revealed a complicated ganglion cyst. Treatment to date has included left carpal tunnel release (04/2013), acupuncture, and pain medications. Utilization review, dated 01/21/2014, denied the request for prescription of Flurbitac 100/100mg capsule #60 because there was no documented gastric complaints for which ranitidine was necessary. Utilization review, dated 01/21/2014, denied the request for prescription of Theraflex transdermal cream 180mg 20%10%4% because muscle relaxant are not indicated for topical use. Utilization review, dated 01/21/2014, denied the request for prescription of Vicosetron 10/300/2 mg capsule because the records provided for review did not support opioid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIBITAC 100/100 MG CAPSULE #60: Upheld

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

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

Decision rationale: Flurbitac 100/100mg is a drug combination of Flurbiprofen and ranitidine. Regarding flurbiprofen, as stated on pages 67-69 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. California MTUS, ODG, and an online search do not discuss ranitidine. In this case, Flurbitac 100/100mg #60 was prescribed since 01/08/2014 with no documentation of functional relief. There was no reported gastrointestinal disturbance based on the medical records. There has been no discussion as to why a combination of Flurbiprofen and ranitidine use is needed. Therefore, the request for Flurbitac 100/100mg #60 is not medically necessary.

THERAFLEX TRANSDERMAL CREAM 180 MG 20%/10%/4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL MUSCLE RELAXANTS.

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

Decision rationale: Theraflex cream contains flurbiprofen and cyclobenzaprine. As stated on pages 111-113 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Compounded Flurbiprofen and NSAIDs in general do not show consistent efficacy and are not FDA approved. Cyclobenzaprine is a skeletal muscle relaxant, which is not recommended for topical use. There is no evidence for use of any muscle relaxant as a topical product. In this case, the patient has been prescribed Theraflex transdermal cream 180mg 20%/10%/4% since 01/08/2014. However, the noted compound ingredients flurbiprofen and cyclobenzaprine are not recommended for topical use. There is no discussion concerning the need for variance from the guidelines. There is no documentation regarding intolerance to or failure of conventional oral pain medications. Therefore, the request for Theraflex transdermal cream 180mg 20%/10%/4% is not medically necessary.

VICOSETRON CAPSULES 10/300/2 MG #40: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Vicosetron is classified as a narcotic analgesic with unknown specific drug contents. According to page 78 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been prescribed Vicosetron 100/300/2 #40 since 01/08/2014. There was no documentation of pain relief, functional improvement or urine toxicology. Therefore, the request for prescription of Vicosetron capsules 10/300/2 mg #40 is not medically necessary.