

<b>Case Number:</b>	CM14-0022156		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	02/08/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 51-year-old female with a reported injury date of 02/08/2010; the mechanism of injury was not provided. The progress note dated 01/16/2014 is handwritten and hard to make out. It appears to say that the injured worker complains of tenderness to the right hand with triggering. It also appears to note that the injured worker has had bilateral shoulder injections which have helped. Upon examination of the bilateral hands, it was noted that there were firm, tender nodule masses near the middle and ring fingers with noted spasms. The treatment plan includes the prescription of cyclo-keto-lido cream, Norco 10/325 mg, and Prilosec 20 mg. The injured worker's diagnoses include cervical spine with left upper extremity radiculopathy, left elbow epicondylitis, and traverse metacarpal ligament triggering. The Request for Authorization asking for cyclo-keto-lido cream, Norco, and Prilosec was submitted on 01/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLO-KETO-LIDO CREAM:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines states that topical analgesics may be recommended if they are approved for use and that any compounded product that contains at least 1 drug (or drug class) that is not recommended, then the entire compounded product is not recommended. The guidelines also state that the only recommended and FDA approved topical form of Lidocaine is the Lidoderm patch. Additionally, the guidelines state that ketoprofen is not currently FDA approved for topical application. As this requested medication contains a non-recommended form of Lidocaine and a non-approved topical medication, this request is not medically necessary and appropriate.

**NORCO:** 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): 75.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that short acting opioids are seen as an effective method of controlling chronic pain. They are often used for intermittent or breakthrough pain. The guidelines state that ongoing management of pain relief with opioids must include ongoing review and documentation of adequate pain relief, functional status, appropriate medication use, and side effects. There was a lack of documentation provided that showed evidence of adequate pain relief, improved functional status, possible side effects, or the use of urine drug screens with the prior medication use. Additionally, the request remains unclear as there is no frequency or dosage provided. Furthermore, it remains unclear how long the injured worker has currently been prescribed this medication. As such, this request is not medically necessary and appropriate.

**PRILOSEC:** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The California Medical Treatment Utilization Schedule MTUS Guidelines recommend proton pump inhibitors for use in injured workers who are at immediate risk for gastrointestinal events. However, the medical necessity for this medication could not be determined due to the lack of objective physical findings of GI symptomatology that would benefit from this requested medication. Additionally, the request fails to provide a dosage and frequency. Furthermore, this request remains unclear as there is lack of evidence to show how long the injured worker has currently been prescribed this medication and there is a lack of adequate rationale provided for this requested medication. As such, the request is not medically necessary and appropriate.

