

Case Number:	CM14-0022183		
Date Assigned:	05/09/2014	Date of Injury:	01/06/2002
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	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 Anesthesiology 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 68 year old male who sustained an injury on 01/06/02. No specific mechanism of injury was noted. The injured worker was followed for complaints of chronic pain in the neck radiating to the right shoulder. Medication history was pertinent for the use of Vicodin, omeprazole, Colace, Doral, and compounded topical medications including Flurbiprofen, cyclobenzaprine, and tramadol. The injured worker's symptoms continued through May of 2014. The injured worker described difficulty sleeping secondary to neck pain. Physical examination findings noted limited range of motion in the cervical spine on flexion/extension. Tenderness to palpation continued over the paravertebral and trapezial musculature with associated spasms. There was some loss of flexion and abduction in the right shoulder. Sensation was decreased in bilateral hands to light touch. The clinical assessment on 05/05/14 noted no change in symptoms or physical examination findings. The injured worker was recommended to continue with medications as prescribed. The requested flurbiprofen 25% 120g tube; cyclobenzaprine 10% and tramadol 10% compounded cream 120g tube, and Prilosec 20mg #60 were denied by utilization review on unspecified date.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 25% 120GM TUBE: Upheld

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

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

Decision rationale: Compounded topical medications can be considered an option in the treatment of neuropathic pain that failed all other reasonable conservative treatment including first line medications such as anticonvulsants or antidepressants as outlined by the MTUS Chronic Pain Guidelines. There is no indication from the clinical records that the injured worker has continuing neuropathic symptoms or failed first line medications for neuropathic pain. Furthermore Flurbiprofen is not FDA approved for transdermal use. Given the experimental/investigational nature of the requested compounded topical medication including Flurbiprofen, this request is not medically necessary and appropriate.

CYCLOBENZAPRINE 10%/TRAMADOL 10% COMPOUND CREAM 120GM TUBE:
Upheld

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

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

Decision rationale: The clinical documentation submitted for review did not identify any clear contraindications for oral anti-inflammatories. Per the MTUS Chronic Pain Guidelines, topical compounded medications including anti-inflammatories are largely considered experimental/investigational as the clinical literature has not established the efficacy of compounded topical medications over their oral counterparts in the treatment of chronic pain. Compounded topical medications can be considered an option in the treatment of neuropathic pain that failed all other reasonable conservative treatment including first line medications such as anticonvulsants or antidepressants. There is no indication from the clinical records that the injured worker has continuing neuropathic symptoms or failed first line medications for neuropathic pain. Furthermore both Cyclobenzaprine and Tramadol are not FDA approved for transdermal use. Given the experimental/investigational nature of the requested compounded topical medication including both Cyclobenzaprine and Tramadol, this request is not medically necessary and appropriate.

PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this request is not medically necessary and appropriate.