

Case Number:	CM14-0023333		
Date Assigned:	02/26/2014	Date of Injury:	09/12/2013
Decision Date:	07/14/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/25/2014

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 21-year-old male with a 9/12/13 date of injury. He sustained a injury to the left 3rd and fourth fingers after they were caught in a printing press. The patient went to the hospital where plain films were taken which were apparently negative and the patient was diagnosed with left hand sprain and given prescriptions for Norco and Motrin but never got them filled. He went back after a week given the pain worsened as was given Norco and Motrin. An EMG/NCV of the upper extremities was performed on 12/4/13, which was normal showing no evidence of peripheral nerve injury or carpal tunnel syndrome. A progress report dated 1/29/14 stated the patient was not attending physical therapy for the left wrist. Exam findings of the left wrist reveal no evidence of bruising, swelling or atrophy. Treatment to date: medications (Motrin, Norco), wrist brace, chiropractic therapy, occupational therapy. A UR decision dated 0/27/14 denied the request for omeprazole given there was no documentation of GI events, adverse effect, GERD, or concurrent NSAID use. The request for topical compounded flurbiprofen 20% / tramadol 20%, cream and topical gabapentin /dexamethorphan/amitriptyline cream were denied given MTUS does not support these the use of topical gabapentin and there is little information regarding the topical use of NSAIDS with regard to the treatment of osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED CREAM FLURBIPROFEN 20% / TRAMADOL 20%: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, Baclofen, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen and Tramadol are not approved for topical use per ODG and MTUS. Therefore, the request for compounded cream flurbiprofen 20% / tramadol 20% was not medically necessary.

OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole).

Decision rationale: The CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient was prescribed Motrin after his injury, but there is no indication the patient was taking it on the requested date. In addition, there is no history of GI events, or positive review of systems for GERD or acid reflux, gastritis, or a history of peptic ulcer disease. Therefore, the request for omeprazole was not medically necessary.

GABAPENTIN / DEXAMETHORPHAN / AMITRIPTYLINE CREAM: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, Baclofen, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is a component of this topical compounded cream. Therefore, the request for topical gabapentin / dexamethorphan / amitriptyline cream was not medically necessary.

