

Case Number:	CM14-0026991		
Date Assigned:	06/13/2014	Date of Injury:	05/02/2013
Decision Date:	08/08/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/03/2014

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:

Patient is a 22 year-old female with date of injury 05/02/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/05/2014, lists subjective complaints as constant moderate dull, achy, sharp low back pain and stiffness, aggravated by lifting 10 pounds, sitting, standing, walking and squatting. Additional complaints of mild left wrist pain, stiffness, tingling and weakness, associated with grabbing, grasping, gripping and squeezing. Objective findings: Examination of the lumbar spine revealed decreased range of motion which is painful. Tenderness to palpation was noted along the paravertebral musculature with associated spasms. Kemp's test and sitting straight leg test were positive. Examination of the left wrist revealed painful, limited range of motion as well as tenderness to palpation of the medial wrist and volar wrist. Diagnosis: 1. Lumbar muscle spasm 2. Lumbar pain 3. Lumbar radiculopathy 4. Lumbar sprain/strain 5. Lumbosacral sprain/strain 6. Rule out lumbar disc protrusion 7. Left wrist pain 8. Left wrist strain/sprain 9. Rule out left carpal tunnel syndrome. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 08/23/2013. Medications: 1. Omeprazole 20mg #60 2. Cyclobenzaprine 7.5mg #603. Flurbiprofen -(20% Tramadol in Mediderm) 4. Gabapentin - (Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in Mediderm base) No SIG given for the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines and prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole.

CYCLOBENAZPRINE 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There is no documented functional improvement from any previous use in this patient. The MTUS also states that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established.

240 GRAMS FLURBIPROFEN-FLURIBIPROFEN 20%/TRAMADOL 20% IN MEDIDERM BASE/: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARPAL TUNNEL SYNDROME, TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is an NSAID prescribed for arthritis. The efficacy in clinical trials for NSAIDs has been inconsistent and most studies are small and of short duration. The MTUS does not recommend Flurbiprofen as a topical agent.

240 GRAMS GABAPENTIN- GABAPENTIN 10%/DEXTROMETHORPHAN 10%/AMITRIPTYLINE 10% IN MEDIDERM BASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not recommend Gabapentin as a topical agent. There is no peer-reviewed literature to support use.

30 GRAMS FLURBIPROFEN- FLURBIPROFEN 20%/TRAMADOL 20% IN MEDIDERM BASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is an NSAID prescribed for arthritis. The efficacy in clinical trials for NSAIDs has been inconsistent and most studies are small and of short duration. The MTUS does not recommend Flurbiprofen as a topical agent.

30 GRAMS GBAPENIA- GABAPENTIN 10%/DEXTOMETHORPHAN 10%/AMITRIPTYLINE 10% IN MEDIDERN BASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not recommend Gabapentin as a topical agent. There is no peer-reviewed literature to support use.