

Case Number:	CM14-0037646		
Date Assigned:	06/25/2014	Date of Injury:	04/04/2006
Decision Date:	07/31/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53-year-old female with a reported injury on 04/04/2006. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/13/2014 reported that the injured worker complained of right shoulder pain, right first and fourth trigger finger pain, and right knee pain. The physical examination of the injured worker's right shoulder revealed limited range of motion upon flexion to 140 degrees, extension to 50 degrees, abduction to 140 degrees, adduction to 50 degrees, and internal and external rotation to 90 degrees. The injured worker's finger's active range of motion was within normal limits. Diagnoses included cervical disc disease, cervical radiculitis, status post right shoulder rotator cuff repair, adhesive capsulitis, low back syndrome, triggering of right thumb, depression, and insomnia. The provider requested Prilosec for gastroesophageal reflux disease, Flexeril for muscle spasms, tramadol for pain, and the topical compounds for pain and discomfort. The Request for Authorization was submitted on 03/17/2014. The injured worker's prior previous treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec is non-certified. The injured worker complained of right shoulder, right first and fourth trigger finger, and right knee pain. The treating physician's rationale for Prilosec is due to gastroesophageal reflux. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. There is a lack of clinical information provided indicating the injured worker had gastritis. There is a lack of documentation of NSAID side effects reported by the injured worker that would warrant the use of a proton pump inhibitor. Moreover, there is a lack of clinical information provided indicating how long the injured worker has used Prilosec. The guidelines identify increased risk of hip fracture with long-term usage of PPIs. The injured worker also fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. Furthermore, the request provided did not specify the utilization frequency, dose, duration, or quantity being requested. As such, the request is non-certified.

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Flexeril is non-certified. The injured worker complained of right shoulder, right first and fourth trigger finger, and right knee pain. The treating physician's rationale for Flexeril is for pain and muscle spasms. The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of clinical information documenting the efficacy of Flexeril, as evidenced by decreased muscle spasms, decreased pain, and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency, dose, duration, or quantity being requested. As such, the request is non-certified.

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram Page(s): 113.

Decision rationale: The request for tramadol is non-certified. The injured worker complained of right shoulder, right first and fourth trigger finger, and right knee pain. The treating physician's rationale for tramadol is for the treatment of pain. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of clinical information provided documenting the efficacy of tramadol as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency, dose, duration, or quantity being requested. As such, the request is non-certified.

Compounded Topical: Flurbiprofen(NSAID),Cyclobenzaprine (muscle relaxer)(strength & quantity unknown): 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 Topical Analgesics Page(s): 112-113.

Decision rationale: The request for compound topical flurbiprofen (NSAID), cyclobenzaprine (muscle relaxer), strength and quantity unknown, is non-certified. The injured worker complained of right shoulder, right first and fourth trigger finger, and right knee pain. The treating physician's rationale for the compound topical ointment is for pain. The CA MTUS guidelines for topical non-steroidal anti-inflammatory drugs (NSAIDs) state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Also, the treatment on neuropathic pain is not recommended. The guidelines do not recommend muscle relaxants. There is no evidence for use of any other muscle relaxant as a topical product. There is a lack of clinical information provided documenting the efficacy of compound topical medication as evidenced by decreased pain and significant objective functional improvements. Moreover, the requesting provider did not specify the utilization frequency, dose, duration, quantity, or the application location of the medication being requested. Furthermore, the guidelines do not recommend muscle relaxants to be used as topical products. In addition, per guidelines, any medication combination that is not approved per guidelines is not recommended; as such, the request is non-certified.

Compounded Topical: Tramadol(analgesic), Gabapentin (antivulsant), Menthol, Camphor, Capsaicin (strength & quantity unknown): 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 request for compound topical tramadol, gabapentin, menthol, camphor, and capsaicin, strength and quantity unknown, is non-certified. The injured worker complained of right shoulder, right first and fourth trigger finger, and right knee pain. The treating

physician's rationale for the topical compound medication is for the treatment of pain. The CA MTUS guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation and a 0.075% formulation. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines do not recommend topical gabapentin. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is a lack of clinical information provided documenting the efficacy of the topical compound medication as evidenced by decreased pain and significant objective functional improvements. Moreover, the requesting provider did not specify the utilization frequency, dose, duration, quantity, or the application location of the medication being requested. Furthermore, the guidelines do not recommend gabapentin to be used as a topical product. In addition, the guidelines state any medication that contains 1 drug or drug class that is not recommended is not recommended; as such, the request is non-certified.