

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0039116 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 09/06/2013 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 03/27/2014 |
| Priority: | Standard | Application Received: | 04/03/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 58-year-old female who reported an injury on 09/06/2013 due to a trip and fall. The injured worker reportedly sustained an injury to her left shoulder, left forearm, and right knee. The injured worker's treatment history included chiropractic care, physical therapy, activity modifications, and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 05/08/2014 and there was documentation of right knee pain with prolonged activities and left shoulder pain radiating into the left hand with repetitive movements. The injured worker reported her pain complaints rated at 7/10. Physical findings included tenderness to the left shoulder with restricted range of motion and a positive Apley scratch test. There was tenderness to palpation over the thoracic and lumbar paravertebral musculature with spasming. There was also tenderness to palpation of the right knee medially with active range of motion. The injured worker's diagnosis included lumbar disc herniation, myospasms, right knee internal derangement, and left shoulder tendinitis. The injured worker's medications included compounded Flurbiprofen/Capsaicin/Menthol, topical compound, Ketoprofen/Cyclobenzaprine/Lidocaine, Pantoprazole, Cyclobenzaprine, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin/Menthol 1 % 120gms 120 GMS: Upheld

Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines
Topical anti inflammatory creams.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends, "The topical use of nonsteroidal anti-inflammatory drugs for injured workers who are intolerant of oral formulations of nonsteroidal anti-inflammatory drugs." The clinical documentation does not provide any evidence that the injured worker cannot tolerate nonsteroidal anti-inflammatory drugs. Additionally, the California Medical Treatment Utilization Schedule recommends the use of Capsaicin as a topical analgesic be limited to patients who have exhausted all first line chronic pain management treatments. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to first line antidepressants or anticonvulsants. Therefore, the use of this medication is not clearly supported. Additionally, the request does not provide a frequency of treatment or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. Therefore, the requested Flurbiprofen/Capsaicin/Menthol 1% 120 gms, 120 gms is not medically necessary or appropriate.

Ketoprofen/Cyclobenzaprine/Lidocaine 10% 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines - topical anti-inflammatory agents.

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

Decision rationale: The California Medical Treatment Utilization Schedule does not support the use of Ketoprofen in a topical formulation as it is not FDA approved to treat neuropathic pain. Additionally, the requested topical lidocaine is also not supported by the California Medical Treatment Utilization Schedule, as it is not FDA approved to treat neuropathic pain in a gel or cream formulation. Furthermore, the California Medical Treatment Utilization Schedule does not support the use of cyclobenzaprine as a topical analgesic as there is little scientific evidence to support the efficacy and safety of this medication in a topical formulation. Therefore, the requested Ketoprofen/Cyclobenzaprine/Lidocaine 10% 120 mg is not medically necessary or appropriate.

Pantoprazole 20mg: Upheld
PPIs and NSAIDs.

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

Decision rationale: The requested pantoprazole 20 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends, "gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal events related to medication usage." The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for gastrointestinal events related to medication usage. Furthermore, the request

does not clearly identify a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. Therefore, the requested pantoprazole 20 mg is not medically necessary or appropriate.

Cyclobenzaprine 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page(s) 63 Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the use of muscle relaxants for short durations of treatment for acute exacerbations of chronic pain. The clinical documentation submitted for review does not clearly identify that the injured worker is experiencing an acute exacerbation of chronic pain. Furthermore, the request as it is submitted does not clearly identify a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Cyclobenzaprine 7.5 mg is not medically necessary or appropriate.

Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale:

The California Medical Treatment Utilization Schedule recommends, "the ongoing use of opioids in the management of chronic pain be supported by a quantitative assessment of pain relief, managed side effects, increased functional benefit, and evidence that the injured worker is monitored for aberrant behavior." The clinical documentation does indicate that the injured worker is monitored for aberrant behavior with urine drug screens. However, there is no documentation of a quantitative assessment of pain relief to support the efficacy of this medication. Additionally, there is no documentation of any functional benefit. Therefore, the ongoing use of this medication would not be indicated in this clinical situation. Furthermore, the request does not clearly identify a frequency of treatment or a quantity. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested tramadol extended release 150 mg is not medically necessary or appropriate.