

Case Number:	CM14-0040229		
Date Assigned:	08/01/2014	Date of Injury:	08/28/2013
Decision Date:	09/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/07/2014

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 42 year-old female with date of injury 12/21/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/21/2014, lists subjective complaints as pain in the neck, shoulders and upper back. Objective findings: Examination of the cervical spine and shoulder revealed decreased range of motion, tenderness, and pain. There was no swelling. A sensory deficit in the right arm was noted. Diagnosis: 1. Cervical spine strain. 2. Thoracic spine strain. 3. Right shoulder strain. The medical records supplied for review document that the patient has been taking Naproxen for at least as far back as six months. The other medications listed below were not prescribed until the request for authorization on 05/21/2014. Medications: 1. Naproxen 550mg, #60 SIG (according to prescription): one by mouth two times daily 2. Protonix 20mg, #603. Flexeril 7.5mg, #604. Sonata 10mg, #305. Compound cream: Capsaicin 0.025%/Flurbiprofen 20%/ Ketoprofen 20%/ Lidocaine 10%/ Dexamethasone 4% No SIG found for above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS recommend Non-Steroid Anti-Inflammatory Drugs (NSAIDs) at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. There is no documentation that the patient is benefiting from the extended course of Naproxen. Therefore, the request of Naproxen 550mg #60 is not medically necessary and appropriate.

Protonix 20mg, #60: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, 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 (Acetylsalicylate), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple Non-Steroid Anti-Inflammatory Drugs (NSAIDs). There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Protonix. Therefore, the request of Protonix 20mg, #60 is not medically necessary and appropriate.

Flexeril 7.5mg, #60: Upheld

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

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

Decision rationale: The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There are no muscle spasms documented on the physical exam. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than Non-Steroid Anti-Inflammatory Drugs (NSAIDs) alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Therefore, the request of Flexeril 7.5mg, #60 is not medically necessary and appropriate.

Sonata 10mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatments.

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

Decision rationale: Zaleplon (marketed under the brand names Sonata, Starnoc and Andante) is a sedative-hypnotic, almost entirely used for the management/treatment of insomnia. It is a nonbenzodiazepine hypnotic from the Pyrazolopyrimidine class. The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been prescribed 30 tablets, which is over the recommended number. In addition, there is no documentation that the patient is suffering from insomnia. As such, Sonata 10mg, #30 is not medically necessary and appropriate.

Capsaicin 0.025mg/ Flurbiprofen 20%/ Tramadol 15%/ Menthol 2%/ Camphor 2%/ Ketoprofen 20%/ Lidocaine 10%/ Dexamethasone 4% for the right wrist/neck/shoulder:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. This compounded medication contains a number of ingredients that are not recommended. In particular, the compound contains Ketoprofen and is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Therefore, the request of Capsaicin 0.025mg/ Flurbiprofen 20%/ Tramadol 15%/ Menthol 2%/ Camphor 2%/ Ketoprofen 20%/ Lidocaine 10%/ Dexamethasone 4% for the right wrist/neck/shoulder is not medically necessary and appropriate.