

Case Number:	CM14-0042687		
Date Assigned:	09/10/2014	Date of Injury:	12/31/2012
Decision Date:	10/10/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/09/2014

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 52-year-old female who has submitted a claim for carpal tunnel syndrome of the right wrist, status post left wrist carpal tunnel release, and clinical evidence of a possible disc herniation at the L5-S1 level of the lumbar spine associated with an industrial injury date of 12/31/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of bilateral hands / wrist pain and back pain. She likewise complained of constant soreness with sharp pain radiating into her middle finger of right hand. Her left hand was sensitive to light touch. Back pain was rated 6/10 in severity. Physical examination showed tenderness, swelling, and weakness of both wrists. Exam of the lumbar spine revealed tenderness. Treatment to date has included left wrist carpal tunnel release, right wrist carpal tunnel release, physical therapy, injections, and medications such as Norco, cyclobenzaprine, diclofenac, Prilosec, Theraflex, and Keratek gel (all since March 2014). Utilization review from 04/07/2014 denied the requests for Theraflex cream, 180gm (Flurbiprofen/Cyclobenzaprine/Menthol) and Keratek cream 4oz (Methyl salicylate/Menthol) because of limited published studies concerning its efficacy and safety; modified the request for Norco 10/325mg, #60 into #30 for the purpose of weaning because of no evidence of pain relief or functional improvement from medication use; modified the request for Cyclobenzaprine 7.5mg, #60 into #30 for the purpose of weaning because of no documentation of increase in function or decrease in pain with the use of medication; denied Diclofenac Sodium ER 100mg, #60 because long-term use was not recommended; and denied Prilosec 20mg, #60 because of no gastrointestinal risk factor present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theraflex cream, 180gm (Flurbiprofen/Cyclobenzaprine/Menthol): 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. In addition, there is little to no research as for the use of flurbiprofen in compounded products. Cyclobenzaprine is not recommended for use as a topical analgesic. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains flurbiprofen and cyclobenzaprine, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for Theraflex cream, 180gm (Flurbiprofen/Cyclobenzaprine/Menthol) is not medically necessary.

Keratek cream 4oz (Methyl salicylate/Menthol): 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 Salicylates Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: An online search indicates that Keratek contains menthol and methyl salicylate. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Page 105 of CA MTUS Chronic Pain Medical Treatment Guidelines, states, that topical salicylates (e.g., Ben-Gay, Aspercream, methyl salicylate) are significantly better than placebo in chronic pain. These products are generally used to relieve minor aches and pains. With regard to brand name topical salicylates, these products have the same formulation as over-the-counter products such as Ben-Gay. It has not been established that there is any necessity for a specific brand name topical salicylate compared to an over the counter formulation. Therefore, the request for Keratek cream 4oz (Methyl salicylate/Menthol) is not medically necessary.

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since March 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen result is likewise not submitted for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg, #60 is not medically necessary.

Cyclobenzaprine 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

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

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on cyclobenzaprine since March 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. The most recent physical examination also failed to show evidence of muscle spasm. Therefore, the request for cyclobenzaprine 7.5mg, #60 is not medically necessary.

Diclofenac Sodium ER 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for

pain or function. In this case, patient has been on diclofenac since March 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for diclofenac ER 100mg, #60 is not medically necessary.

Prilosec 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Prilosec since March 2014. However, there is no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. Therefore, the request for Prilosec 20mg, #60 is not medically necessary.