MAXIMUS Federal Services

Case Number:	CM14-0045302		
Date Assigned:	08/08/2014	Date of Injury:	09/01/2013
Decision Date:	09/11/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopedic Surgeon 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:

The injured worker is a 28-year-old female who reported an injury on 09/01/2013. The mechanism of injury was not provided within the medical review. The diagnoses included pain in the joint shoulder, pain in the joint hand. The previous treatments included medication and physical therapy. Diagnostic testing included an MRI and an EMG. The medication regiment included capsaicin, cyclobenzaprine, nabumetone, pantoprazole, gabapentin. Within the clinical note dated 3/21, it was reported the injured worker complained of chronic left upper extremity pain. The injured worker reported physical therapy has helped with muscular pain and improved range of motion. The injured worker reported pain with movement of the left upper extremity. She complained of persistent left elbow and left wrist pain. She rated her pain 9/10 in severity. Upon the physical examination, the provider noted tenderness to palpation of the left wrist over the dorsal part of the left wrist. The injured worker had a negative Tinel's sign bilaterally. Sensation was intact and range of motion was full in the bilateral upper extremities. The provider requested nabumetone, pantoprazole, Protonix, cyclobenzaprine/Flexeril, ibuprofen, and capsaicin cream. However, the rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% Cream: Upheld

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

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

Decision rationale: The request for capsaicin 0.075% is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particularly that of the knee and/or elbow and at the joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Capsaicin is only recommended as an option for patients who have not responded or are intollerant to other treatments. Capsaicin is generally available in a 0.025% formulation. There is no current indication that an increase of a 0.025% formulation would provide any further efficacy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide a treatment plan. The request submitted failed to provide the quantity of the medication. The injured worker has been utilizing the medication since at least 01/2014, which exceeds guideline recommendations of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

Cyclobenzaprine-Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for cyclobenzaprine/Flexeril is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker had been utilizing the medication for an extended period of time since at least 01/2014, which exceeds the guidelines recommendations of short term use of 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Nabumetone-Relafen 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67, 72.

Decision rationale: The request for nabumetone/Relafen 500 mg #90 is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. The guidelines note nabumetone is recommended for osteoarthritis. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 01/2014, which exceeds guideline recommendations for short term use. Therefore, the request is not medically necessary.

Pantoprozole-Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for pantoprazole/Protonix 20 mg #60 is non-certified. The California MTUS Guidelines note proton pump inhibitors such as pantoprazole/Protonix are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of cortical steroids and/or anticoagulants in the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID or adding an H2 receptor antagonist proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted did not indicate the injured worker had a history of peptic ulcer, gastrointestinal bleed or perforation. Additionally, there is lack of documentation indicating the injured worker had a diagnoses of dyspepsia secondary to NSAID therapy, therefore, the request is non-certified.

Cyclobenzaprine 10mg (quantity not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for cyclobenzaprine 10 mg quantity not specified is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker had been utilizing the medication for an

extended period of time since at least 01/2014, which exceeds the guidelines recommendations of short term use of 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the request submitted failed to provide the frequency of the medication. The request submitted failed to provide the quantity of the medication. Therefore, the request is not medically necessary.

Ibuprofen 600mg tablet (quantity not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67.

Decision rationale: The request for Ibuprofen 600 mg tablets quantity not specified is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 01/2014, which exceeds guideline recommendations for short term use. Additionally, the request submitted failed to provide the frequency of the medication. The request submitted failed to provide the quantity of the medication. Therefore, the request is not medically necessary.