

Case Number:	CM14-0046614		
Date Assigned:	07/02/2014	Date of Injury:	10/27/2009
Decision Date:	08/21/2014	UR Denial Date:	03/28/2014
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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 55-year-old male who was injured on October 27, 2009. The patient continued to experience pain in his neck, back, right shoulder, right elbow, right wrist, right, hip, right hip, and right foot. Physical examination was notable for tenderness to the cervical paraspinal muscles, tenderness to the right rotator cuff muscles, decreased grip strength of the right hand, decreased range of motion to the thoracic spine, positive straight leg raise bilaterally, bilateral knee tenderness, decreased sensation to right anterolateral shoulder and arm, decreased sensation to the right anterolateral and lateral thigh, anterolateral and posterior leg, and mid-dorsal and lateral foot, and 4/5 motor strength to the right upper and lower extremities. Diagnoses included cervical musculoligamentous strain/sprain, cervical spine discogenic disease, thoracic musculoligamentous strain/sprain, thoracic discogenic disease, lumbosacral musculoligamentous sprain/strain with radiculitis, lumbar discogenic disease, right shoulder sprain/strain, right elbow sprain/strain, right wrist sprain/strain, right knee sprain/strain, right ankle sprain/strain, and right foot sprain/strain. Treatment included physical therapy, chiropractic therapy, interferential unit, shock wave therapy, lumbosacral brace, and medications. Requests for authorization for Fluiriflex 180 gm., TGHOT, 180 gm., Omeprazole 20 mg #60, and Tramadol 50 mg #60 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Fluiriflex 180 gm.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/ COMPOUNDED TOPICAL ANALGESICS.

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

Decision rationale: Fluiriflex is a compounded topical analgesic containing Flurbiprofen and Cyclobenzaprine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of Cyclobenzaprine as a topical product. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request of compounded Fluiriflex 180 gm. is not medically necessary and appropriate.

Topical compounded TG Hot 180 gm.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/ COMPOUNDED TOPICAL ANALGESICS.

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

Decision rationale: TG Hot is a compounded topical analgesic containing Tramadol, Gabapentin, Menthol, Camphor, and Capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's (Selective serotonin reuptake inhibitors), TCA's (Tri cyclic Antidepressants) and other opioids. It is not recommended as a topical preparation. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Topical analgesics containing menthol are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. There is no comment on efficacy of menthol or camphor. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. This medication contains drugs that are not recommended. Therefore the request of topical compounded TG Hot 180 gm. is not medically necessary and appropriate.

Omeprazole 20 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose Acetylsalicylic Acid). The patient in this case was not using NSAID medication and did not have any of the risk factors for a gastrointestinal event. The request of Omeprazole 20 mg # 60 is not medically necessary and appropriate.

Tramadol 50 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's (Selective serotonin reuptake inhibitors), TCA's (Tricyclic Anti-Depressants) and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient had been receiving opioids since at least December 27, 2013. There is no documentation regarding the duration or efficacy of opioid medications. The request for Tramadol 50 mg # 60 is not medically necessary and appropriate.