

Case Number:	CM14-0051829		
Date Assigned:	07/07/2014	Date of Injury:	01/02/2008
Decision Date:	08/13/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/18/2014

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 and is licensed to practice in Texas. 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 35 year old female who was injured on 1/02/2008, due to cumulative trauma. Her primary diagnosis is herniated disc-cervical spine. The patient was seen for follow-up with PTP on 2/28/2014. According to the hand-written PR-2, the patient continues complaints of upper shoulder and cervical spine pain radiating to the back of the head causing headaches. Cervical spine pain with associated pain and tingling in both hands. Objective examination reveals cervical and lumbar spine paraspinals tenderness, decreased ROM secondary to pain, positive Tinel's and Phalen's of the bilateral hands and positive Spurling's bilaterally. Diagnoses are cervical spine herniated disc, cervicgia and impingement syndrome. Treatment plan is continued medications and creams and request for massage. Work status is per AME. A 2/2/8/2014 in-office script form indicates she was dispensed generics of naproxen, cyclobenzaprine, omeprazole and flurbiprofen 25%/menthol 10%/camphor 2%/capsaicin 0.0375% topical compound. The patient was seen for follow-up with PTP on 4/04/2014. According to the hand-written PR-2, the patient continues complaints of upper shoulder and cervical spine pain radiating to the back of the head causing headaches. Cervical spine pain with associated pain and tingling in both hands. Objective examination reveals cervical and lumbar spine paraspinals tenderness, decreased ROM secondary to pain, positive Tinel's and Phalen's of the bilateral hands and positive Spurling's bilaterally. Diagnoses are cervical spine herniated disc, cervicgia and impingement syndrome. Treatment plan is continued medications and creams and request for massage. Work status is per AME. A 6/9/2014 in-office script form indicates the patient was dispensed generics of naproxen, norco, paxil, Prilosec, ultram ER, and flurbiprofen 25%/menthol 10%/camphor 2%/capsaicin 0.0375% topical compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-70.

Decision rationale: The medical records reviewed do not document any gastrointestinal complaints. The CA MTUS guidelines state medications such as Prilosec may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of the above listed criteria apply to this patient. The guidelines recommend GI protection for patients with specific risk factors, however, the medical records do not establish the patient is at risk for GI events. In accordance with the CA MTUS guidelines, the request for Prilosec is not medically necessary.

Flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Review of the medical records indicate flurbiprofen is provided in the compound topical of flurbiprofen/menthol/camphor/capsaicin. According to the guidelines, topical application of an NSAID, such as flurbiprofen, may be indicated for short duration use, for osteoarthritis of joints that are amenable to topical treatment. However, there is little evidence to utilize topical NSAIDs for treatment of the spine. In addition, the patient is taking oral NSAID, naproxen. According to the guidelines, Capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish she is intolerant to standard oral therapies. Furthermore, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The medical records do not establish this compound topical containing Flurbiprofen is appropriate and medically necessary. Therefore, the request is not medically necessary.