

Case Number:	CM14-0054886		
Date Assigned:	08/06/2014	Date of Injury:	08/15/2007
Decision Date:	10/01/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 35 year old male with complaints of neck pain, low back pain, arm/shoulder pain. The date of injury is 8/15/07 and the mechanism of injury is repetitive motion injury pulling, lifting, cleaning, removing heavy totes for his job. At the time of request for the following: 1.Fluriflex 15/10% 180gm 2.TGice 8/10/2/2 % 180gm cream 3.flexeril 10mg #60 4.Gabapentin 600mg #90 5.Norco 10/325 #90 6.Omeprazole 20mg #100 7.Ambien 10mg #30, there is subjective (pain in neck,low back pack,shoulder bilateral,elbows,wrists,hands) and objective (antalgic gait, tenderness to palpation paraspinal cervical musculature and trapezius, positive phalen's test, left distal clavicle swelling/fracture, internal right shoulder clicking, right shoulder impingement sign, right positive tinel's sign cubital tunnel, incision proximal palm left and right hand, tinel's positive over right wrist, right phalen's positive) findings, imaging findings (xray left shoulder distal clavicle fracture, xrays of cervical,lumbar,thoracic,upper extremities normal, from physician note dated 7/17/14), diagnoses (impingement right shoulder,right cubital and carpal tunnel syndrome, persistent pain neck,low back,left shoulder), and treatment to date (medications, wrist braces, physical therapy,surgery,epidural steroids, acupuncture). Fluriflex and TGice analgesic creams are compounded topical analgesics. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. The only topical nsaid that is FDA approved is Voltaren gel which is indicated for osteoarthritis of knees and hands. Muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. AEDs or drug class known as anticonvulsants are recommended for neuropathic pain. There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic

neuropathy patients. A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. The addition of a PPI in the setting of long term NSAID use may be indicated if gastrointestinal symptoms are present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 15/10% 180GM: 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 Analgesics Page(s): 111.

Decision rationale: Fluriflex analgesic cream is a compounded topical analgesic comprised of cyclobenzaprine, and flurbiprofen. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. The only topical nsaid that is FDA approved is Voltaren gel which is indicated for osteoarthritis of knees and hands. None of these medications are currently approved topical analgesic agents. Therefore, Flurbiprofen/cyclobenzaprine cream is not medically necessary.

TGice 8/10/2/2% 180gm 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 Analgesics Page(s): 111.

Decision rationale: TGice analgesic cream is a compounded topical analgesic comprised of several medications not elicited in the medical records. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. Most compounded topical agents are experimental and none are FDA approved. The only topical nsaid that is FDA approved is Voltaren gel which is indicated for osteoarthritis of knees and hands. Therefore, the request for this compounded topical agent is not medically necessary.

Flexeril 10mg #60: Upheld

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

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

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. Again, there is no documentation of drug efficacy, improvement in function, nor is there mention of any specific duration of treatment. In fact, there does not appear to be any notes from the requesting physician at all. Therefore, this drug is not medically necessary.

Gabapentin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-18.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, AEDs or drug class known as anticonvulsants are recommended for neuropathic pain. There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients. However, the documentation does not support the indication for gabapentin as there is no reports submitted by the requesting physician. Therefore, the request for gabapentin 600mg is not medically indicated.

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information, it is my opinion that the request for Norco 10/325 #90 is not medically necessary.

Omeprazole 20mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastritis, GERD.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, the addition of a PPI in the setting of long term NSAID use may be indicated if gastrointestinal symptoms are present. In this case, there is no documentation to support the continued use of NSAID nor is there any mention of gastrointestinal symptoms. Therefore, the request for omeprazole 20mg is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult Official Disability Guidelines Hypnotic

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)<Zolpidem>

Decision rationale: Per ODG Evidence Based Decision Guidelines, zolpidem is recommended only for short term treatment of insomnia. Therefore, this medication is not medically necessary.