

Case Number:	CM14-0059410		
Date Assigned:	08/08/2014	Date of Injury:	06/06/2011
Decision Date:	10/03/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/30/2014

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, Pain 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:

The injured worker is a 32-year-old male who reported an injury on 06/06/2011 due to cumulative trauma. Diagnoses were bilateral wrist strain/sprain. Past treatments were injections to bilateral wrists. Diagnostic studies were nerve conduction study on 02/16/2012 that was normal. Surgical history was not reported. Physical examination on 09/04/2012 revealed bilateral wrist strain and tendinitis. The injured worker complained of increasing pain to the bilateral hands and wrists. The injured worker reported he felt pain in the wrist up to the forearm level. He reported the pain a 7/10 on the pain scale. The injured worker reported he was recently on vacation and was doing well and now that he is back to work, he is having pain again. The injured worker has seen a rheumatologist who did bilateral injections into his wrist. He also had an appointment with an orthopaedic specialist who did not recommend further treatment. Examination of bilateral wrists and hands revealed no swelling or synovitis, no tenosynovial proliferation, no atrophy. The injured worker had slight tenderness to palpation at both wrists and forearms, mostly on the flexor rather than extensor surface, no instability. Negative Watson's, special testing on the right and the left hands and wrists, Tinel's sign negative, Phalen sign negative, Finkelstein test was negative, median nerve compression was negative. Range of motion revealed all fingers had full extension and flexion to the distal palmar crease without restriction. The thumb opposes to the distal palmar crease at the base of the little finger. Neuro testing revealed neurovascular status was intact. There was good capillary refilling of all digits. Palpation of the elbow revealed nontender over the medial and lateral epicondylar areas. Medications were not reported. Treatment plan was for a strengthening program. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22.

Decision rationale: The decision for naproxen 550 mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule states anti-inflammatories are the first line of treatment to reduce pain so activity and functional restoration can resume. The long term use may not be warranted. Objective decrease in pain, and objective increase in function should be documented. There was no documentation of a decrease in pain, or increase in functional improvement from the use of this medication. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPI).

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

Decision rationale: The decision for Omeprazole 20mg # 60 is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients who are at high risk for gastrointestinal events with no cardiovascular diseases should be recommended a Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy of this medication was not reported and the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Condrolite 500/200/150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines glucosamine-Chondroitin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Glucosamine (and Chondroitin Sulfate)

Decision rationale: The decision for Condrolite 500/200/150 mg is not medically necessary. The Official Disability Guidelines for glucosamine (and chondroitin sulfate) is recommended as an option given its low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. For all herbals and dietary supplements, there may be concerns for potential interactions with prescription and over the counter medications and lack of manufacturing quality controls. The benefit of glucosamine with or without chondroitin remains unclear. However, the possible interaction between chondroitin and anticoagulants may be an issue for some patients. The efficacy of this medication was not reported. The injured worker did not have a diagnosis of osteoarthritis. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

30 Grams of Flurbiprofen 20% Tramadol 20% in Mediderm Base: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Flurbiprofen; Tramadol Page(s): 111; 72; 82.

Decision rationale: The decision for 30 grams of flurbiprofen 20% tramadol 20% in Mediderm base is not medically necessary. The California Medical Treatment Utilization Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDS have been shown in meta-analysis to be superior to placebo during the first the 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. FDA.gov did not indicate there was a formulation of topical tramadol that had been approved. The approved form of tramadol is for oral consumption, which is not recommended as a first line therapy. The efficacy of this medication was not reported. The medical guidelines do not support the use of compounded topical analgesics. Therefore, this request is not medically necessary.

240 grams of Flurbiprofen 20% Tramadol 20% in Mediderm Base: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264, Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Flurbiprofen; Tramadol Page(s): 111; 72; 82.

Decision rationale: The decision for 240 grams of flurbiprofen 20% tramadol 20% in Mediderm base is not medically necessary. The California Medical Treatment Utilization Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDS have been shown in meta-analysis to be superior to placebo during the first the 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine--National Institute of Health database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. FDA.gov did not indicate there was a formulation of topical tramadol that had been approved. The approved form of tramadol is for oral consumption, which is not recommended as a first line therapy. The efficacy of this medication was not reported. The medical guidelines do not support the use of compounded topical analgesics. Therefore, this request is not medically necessary.

30 grams of Gabapentin 10% Dextromethorphan 10% Amitriptyline 10% in Mediderm Base: 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 Topical Analgesics; Gabapentin; Antidepressants Page(s): 111; 16; 13.

Decision rationale: The decision for 30 grams of gabapentin 10%, dextromethorphan 10%, amitriptyline 10%, in Mediderm Base is not medically necessary. The California Medical Treatment Utilization Schedule indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDS have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2 week period. The medical guidelines indicate that gabapentin is used in the treatment of neuropathic pain. Amitriptyline is a tricyclic antidepressant. Per Skolnick, P. (1999) "While local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain, a number of

actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant. Therefore, the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined." The medical guidelines do not support the use of compounded topical analgesics. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

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