

Case Number:	CM14-0060914		
Date Assigned:	08/08/2014	Date of Injury:	03/12/2004
Decision Date:	09/24/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational 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:

Patient is a 55 year-old female. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/18/2014, lists subjective complaints as pain in the cervicothoracic spine and bilateral upper extremities. Objective findings: Examination of the cervical and thoracic spine revealed 3+ tenderness over the paracervical muscles bilaterally. Range of motion was reduced in all direction by pain. Foraminal compression test and shoulder depression test were positive bilaterally. Examination of the upper extremities revealed swelling and restricted range of motion bilaterally. Phalen's test and Tinel's sign were positive bilaterally. Diagnosis: 1. cervical disc disease 2. Lumbar disc disease 3. Thoracic disc disease 4. Bilateral wrist carpal tunnel syndrome 5. Right knee internal derangement 6. Left knee internal derangement 7. Hyperlipidemia 8. Hepatitis B 9. Hypertension 10. Type 2 diabetes mellitus 11. Anxiety 12. Insomnia. The medical records supplied for review document that the patient had not been prescribed the following medications before the request for authorization on 04/01/2014. Medications include; topical creams: TGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) and Flurflex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180 grams SIG: apply topically as needed and Omeprazole DR 20mg #60 SIG: one tablet twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical creams: Tghot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Comphor 2%, Capasaicin 0.05%) and Flufflex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180 grams:
Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 111-113. The Expert Reviewer's decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. In addition, there is no evidence for use of any muscle relaxant as a topical product. This request is not medically necessary.

Omeprazole DR 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI prophylaxis Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 NSAID Page(s): 68.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, page 68. The Expert Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, "prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole is not medically necessary.