

Case Number:	CM14-0071086		
Date Assigned:	09/03/2014	Date of Injury:	09/01/2013
Decision Date:	10/22/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/16/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 29-year-old female who reported an injury on 09/01/2013 due to pulling a metal rack with a broken wheel. The rack rolled in the wrong direction and she tried to move it out of its path; her left arm got pinned between a counter and the rack. She yanked her arm out from in between and immediately felt pain and swelling. Diagnoses were pain in joint, shoulder; pain in joint, hand; injury ulnar nerve. Past treatment was medications, physical therapy, and acupuncture. Diagnostic studies were EMG of bilateral upper extremities, and MRI of the left wrist. Surgical history was status post left shoulder arthroscopy. Physical examination on 07/11/2014 revealed that the injured worker was status post left shoulder arthroscopy, and was to start physical therapy. Range of motion for the left shoulder was limited in abduction, forward flexion, and internal rotation. Medications were Capsaicin 0.075% cream, Nabumetone (Relafen 500 mg), pantoprazole (Protonix 20 mg), gabapentin 600 mg, buprenorphine 0.1 mg sublingual, and Orphenadrine (Norflex 100 mg). Treatment plan was to continue medications as directed and follow through with physical therapy. 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:

Capsaicin 0.075% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Capsaicin Page(s): 111, 28.

Decision rationale: The decision for Capsaicin 0.075% cream is not medically necessary. The California Medical Treatment Utilization Schedule states 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. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.075% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The medical guidelines do not support the use of Capsaicin. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. There were no significant factors provided to justify the use outside of the current guidelines. Therefore, this request is not medically necessary.

Cyclobenzaprine-flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: The decision for Cyclobenzaprine (Flexeril 7.5 mg #90) is not medically necessary. The California Medical Treatment Utilization Schedule states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain. However, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

Pantoprazole - Protonix 20mg #60: 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 NSAIDs Page(s): 67.

Decision rationale: The decision for Pantoprazole-Protonix 20 mg # 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 fractures. Patients at high risk for gastrointestinal events with no cardiovascular disease should be recommended a Cox-2 selective agent plus a PPI if absolutely necessary. Therefore, this request is not medically necessary.