

Case Number:	CM14-0072113		
Date Assigned:	07/16/2014	Date of Injury:	09/17/2013
Decision Date:	09/17/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/19/2014

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, 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 61 year-old female with date of injury 09/17/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/02/2014, lists subjective complaints as pain in the left shoulder. Objective findings: Examination of the left shoulder revealed tenderness to palpation and swelling over the sternoclavicular joint and anterior capsule. The apprehension maneuver, Neer's test, Hawkin's maneuver, impingement sign, and O'Brien's tests were positive. Range of motion was decreased in all planes due to pain and crepitus on motion was present. Diagnosis: 1. Humerus fracture 2. Post-fracture adhesive capsulitis, with possible rupture of adhesion's and rotator cuff tear. The medical records provided for review document that the patient had not been prescribed the following medication before the date of the request for authorization on 04/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex Cream 180 gm: 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 9792.20 - 9792.26 Page(s): 111-113.

Decision rationale: FluriFlex is a compounded medication containing Flurbiprofen/Cyclobenzaprine 15/10%. Cyclobenzaprine as a muscle relaxant. 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. There is no evidence for use of any muscle relaxant as a topical product. Therefore the request is not medically necessary.

TG Hot 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113.

Decision rationale: TG Hot is a compounded medication which has ingredients Tramadol/Gabapentin/Menthol/Camphor/Capsaicin, 8/10/2/.05%. One of the ingredients is gabapentin. 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. Therefore the request is not medically necessary.

Omeprazole 20 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Online Edition, Chapter: Pain, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

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 or older; (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. The request is not medically necessary.