

Case Number:	CM14-0076080		
Date Assigned:	07/16/2014	Date of Injury:	07/09/2010
Decision Date:	11/10/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/23/2014

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 Internal 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 patient is a 59 year old male who was injured on 7/9/10 .A PR2 note from his PTP is included in the records. He states that the patient comes with continued pain in his right hand and second digit which is described as 9/10.He notes that the patient had a bandsaw injury to his right thumb and hand and had a revision amputation of the first and second digits and was also suffering from anxiety and depression. He noted the patient was to continue treating with a psychiatrist and have his Tylenol #3 refilled .We also note that Naprosyn, Prilosec, and two types of topical creams were requested but denied by the UR on 5/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines med section Page(s): 67, 69.

Decision rationale: The guidelines state that Naprosyn or Naproxen and NSAID's in general are indicated for acute exacerbation of pain and should be avoided in the treatment of chronic pain and should be a second line drug after the use of acetaminophen because of less side effects.

NSAID's have been implicated in cardiac, GI, renal side effects and high blood pressure. A Cochrane study confirmed the above and a Maroon study stated that NSAID's may actually delay healing of all soft tissue if given on a chronic basis. In the above patient we note he is already on Tylenol #3 which contains the acetaminophen component initially recommended for treatment. In order to decrease the dose of this narcotic regimen and decrease the dose of acetaminophen it is justified to give an NSAID such as Naproxen or Naprosyn in order to augment the pain control being obtained with the use of Tylenol #3. Therefore, the patient should be offered the benefit of this drug and the UR decision is reversed. The request is medically necessary.

Omeprazole 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines med chapter Page(s): 68-69.

Decision rationale: Omeprazole or Prilosec is a PPI medicine which causes acid suppression in both basal and stimulated states. It is used to treat duodenal ulcers, gastric ulcers, symptomatic GERD, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis. Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough. Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAID's in a patient with either intermittent risk of a GI event or high risk of a GI event. It is also recommended that the lowest dose necessary of the NSAID be utilized. In the above patient we note that he is to be treated with Naproxen and the PTP is probably requesting Prilosec in order to prophylaxis against any GI toxicity which could be caused by the NSAID. However, as noted above Prilosec is indicated in a patient who has an intermediate or high risk of a GI event or in patients who have experienced a GI event such as ulcer or GERD. However, no mention of any such GI disorder or risk is mentioned in the PR2 note. Therefore, the UR is justified in not authorizing Prilosec for this patient. The request is not medically necessary.

Flurbi 20%/Trama 20%/Cyclo 4% Cream: Upheld

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

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

Decision rationale: Topical analgesic applications are largely experimental and lack randomized controlled trials to support their use. They are applied locally to the painful area and used primarily for neuropathic pain after an adequate trial of anticonvulsant and antidepressant pain medications. They lack systemic side effects, drug toxicity, or the need to titrate dosing. They are often compounded from a variety of components and many of the individual meds have failed to show efficacy. If one of the included compounds is not recommended the entire analgesic cream

is not recommended. The above med is a compounded topical application. These meds are largely experimental and the UR is justified in refusing to authorize its use. The request is not medically necessary.

Gaba 10%/Amitrip 10xtro 10% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, lidocaine.

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

Decision rationale: Topical analgesic applications are largely experimental and not supported by randomized controlled trials. They are applied locally over the painful area and are often utilized in neuropathic pain when an anticonvulsant med and antidepressant med have not been effective. They lack systemic side effects, toxicity, and drug interactions. They are often given as a combination of many drugs which have not been shown to be effective in controlling pain when applied locally. If one of the components of a compound is not recommended then the entire compound is not recommended. The above med is a compounded topical analgesic and these meds are largely experimental, and the UR committee was justified in refusing to authorize its use. The request is not medically necessary.