

Case Number:	CM14-0083726		
Date Assigned:	07/21/2014	Date of Injury:	01/06/2013
Decision Date:	09/17/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 50-year-old female who reported an injury 01/06/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 06/13/2014 indicated diagnoses of injury fingers/thumb and thumb. The injured worker reported constant moderate, dull throbbing right wrist pain with stiffness and weakness that radiated to the hand. She also reported occasional to constant moderate stabbing, throbbing right hand/thumb pain with stiffness tingling and cramping radiating to the wrist, arm and shoulder. On physical examination, there was no bruising, swelling, atrophy or lesions present at the right wrist. The injured worker's prior treatments included medication management and that regimen included: Naproxen, Omeprazole, Orphenadrine, Alprazolam, Zolpidem, (Flurbiprofen/Tramadol) in Medi-Derm base and (Gabapentin/Dextromethorphan/Amitriptyline) in Medi-Derm base. The claimant's treatment plan included: Urinalysis results. The provider submitted a request for Omeprazole, (Gabapentin/Dextromethorphan/Amitriptyline), (Flurbiprofen/Tramadol) in mediderm base and Zolpidem. A Request for Authorization dated 06/13/2014 was submitted for the above medications; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 tab twice a day Quatity 60 refill #0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole 20mg 1 tab twice a day Quantity 60 refill #0 is not medically necessary.. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for gastrointestinal bleeding or perforations or peptic ulcers. In addition, there was lack of documentation of efficacy and functional improvement with the use of this medication. Therefore, the request is not medically necessary.

Gabapentin 10% Dextromethorphan 10% Amitriptyline 10% Mediderm base 30gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

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

Decision rationale: The request for Gabapentin 10% Dextromethorphan 10% Amitriptyline 10% Mediderm base 30gm is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, Gabapentin is not recommended. There is no peer reviewed literature to support its use. Per the guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Additionally, the request did not indicate a frequency or quantity for this medication. Moreover, there is lack of documentation of efficacy and functional improvement with the use of this medication. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request is not medically necessary.

Flurbiprofen 20% Tramadol 20% in mediderm base 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The request for Flurbiprofen 20% Tramadol 20% in mediderm base 30gm is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, topical NSAIDS have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis but not afterward, or with diminishing effect over another. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for osteoarthritis. In addition, Flurbiprofen is not currently FDA approved for topical application. The FDA approved routes of administration for flurbiprofen include oil tablets and ophthalmologic solution. Moreover, a thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. Per the guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Additionally, the request did not indicate a frequency or quantity. Therefore, the request is not medically necessary.

Zolpidem 10mg 1 tablet od Quantity #30 with 0 Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

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

Decision rationale: The request for Zolpidem 10mg 1 tablet Quantity #30 with 0 Refill is not medically necessary. The Official Disability Guidelines recommend Zolpidem as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for insomnia or some form of a sleep disturbance. In addition, there was lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, it was not indicated how long the injured worker had been utilizing this medication. Therefore, the request is not medically necessary.