

Case Number:	CM14-0203199		
Date Assigned:	12/17/2014	Date of Injury:	09/30/2009
Decision Date:	02/04/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/04/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/28/09 when, while working as a Business Analyst she fell on a slippery floor with injury to her hands, shoulders, and lower extremities. She was seen on 07/10/14. She was having epigastric symptoms and endoscopy had shown an ulcer. There had been no improvement when taking Prilosec. She was having intermittent diarrhea and constipation. She underwent right hip surgery in April 2010 followed by physical therapy. She continued to work. In January 2012 she was evaluated for possible cervical spine surgery. She stopped working in September 2012. She has continued at temporary total disability. She was seen on 07/02/14. She was having bilateral shoulder and radiating neck pain with left upper extremity hypersensitivity. She was having low back and bilateral hip pain. Physical examination findings included decreased cervical spine range of motion with paraspinal and trapezius muscle tenderness. There was decreased right shoulder strength. She had decreased shoulder range of motion with diffuse tenderness. There was decreased lumbar spine range of motion with paraspinal and bilateral posterior superior iliac spine tenderness. Straight leg raising was negative. She had hip tenderness. On 07/23/14 medications were OxyContin, Skelaxin, Ultram, and triazolam. Urine drug screening was performed. She was seen by the requesting provider on 08/28/14. Pain was rated at 10/10. She was not taking any medications. Physical examination findings included multilevel spinal tenderness with positive cervical facet loading. Spurling's testing was positive bilaterally. She had decreased grip strength. Prior treatments referenced include non-steroidal anti-inflammatory medication, TENS, physical therapy, and medication trials. Lyrica, trazodone, and compounded cream were prescribed. Authorization for further evaluation and for percutaneous electrical nerve stimulator treatments was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for (DOS 8/28/14) Lidocaine/Cyclobenzaprine: 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 Medications for chronic pain; Topical Analgesics Page(s): 60; 111-113.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for bilateral shoulder and radiating neck pain. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.

Retrospective request for (DOS 8/28/14) Capsaicin/Amitriptyline/Gabapentin,: 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 Medications for chronic pain; Topical Analgesics Page(s): 60; 111-113.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for bilateral shoulder and radiating neck pain. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.

Retrospective request for (DOS 8/28/14) Lidocaine/Flurbiprofen: 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 Medications for chronic pain; Topical Analgesics Page(s): 60; 111-113.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for bilateral shoulder and radiating neck pain. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. The claimant has not had a trial of topical Diclofenac and therefore this medication was not medically necessary.