MAXIMUS Federal Services

Case Number:	CM15-0003656		
Date Assigned:	01/14/2015	Date of Injury:	10/31/2014
Decision Date:	04/10/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 61 year old male patient, who sustained an industrial injury on 10/31/2014. A physical therapy visit note, dated 11/11/2014, reported the patient with subjective complaint of "feeling a bit better today". His pain is rated a 7 out of 10 in intensity, and "I'm still having a lot of pain at night." The patient is unable to sleep on right side/shoulder. The initial physicians occupational evaluation dated 11/04/2014, reported the patient stating that he is sore after he tried to pull out a bundle of papers that jammed inside a machine. He tried to pull out the papers and experienced pain to the right arm with movement. Objective findings showed right shoulder symmetrical and with positive tenderness of supraspinatus tendon and the bicep tendon groove. The injured worker is noted as taking Ultram, ibuprofen, ice application, and arm sling as needed.On 12/16/2014, Utilization Review non-certified TGHot (Tramadol/Gabapentin/ Menthol/Camphor/Capsaicin 8/10/2/0.5 percent) 180g, omeprazole 20mg #60, and Fluriflex (Flurbiprofen/Cyclobenzaprine 15/10 percent) 180g, citing Official Disability Guidelines and ACOEM guidelines. The injured worker submitted an application for independent medical review of services requested on 01/07/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/0.5 percent) 180g: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (updated 11/21/14), Topical Analgesics, and Gabapentin, and Capsaicin, and NSAIDs, Specific Drug List & Adverse Effects, and NONSelective NSAIDs.

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

Decision rationale: Gabapentin is not recommended as a topical ingredient by the MTUS, and as the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, since TGHot (Tramadol/ Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/0.5 percent) 180g is a compound that contains gabapentin for topical use, the request cannot be deemed medically necessary.

Omeprazole 20mg #60: 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), NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as omeprazole 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. According to the most recent treating physician notes and Utilization Review, the injured worker is on NSAIDs, but he does not meet any of the criteria for being at risk for an intermediate GI event. Therefore, the request for omeprazole 20mg #60 is not medically necessary.

Fluriflex (Flurbiprofen/Cyclobenzaprine 15/10 percent) 180g: 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), Pain (updated 11/21/14), Topical Analgesics.

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

Decision rationale: Fluriflex is a compound of flurbiprofen 15%/cyclobenzaprine 10%. The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that muscle relaxers are not recommended as topical products, and as cyclobenzaprine is a muscle relaxant not recommended by the MTUS, the request for Fluriflex cannot be considered medically necessary at this time.