

Case Number:	CM15-0003993		
Date Assigned:	02/09/2015	Date of Injury:	08/01/2008
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old female, who sustained an industrial injury on 8/1/08. She has reported multiple body part injuries including neck, low back, upper and lower extremities, elbows, wrists and hands. The diagnoses have included lumbar sprain/strain, right lateral epicondylitis, right carpal tunnel syndrome, and right wrist strain/sprain. Treatment to date has included medications, diagnostics, acupuncture, bracing, and Transcutaneous Electrical Nerve Stimulation (TENS) and massage therapy. Currently, the injured worker complains of lumbar spine pain rated 6/10 described as sharp, dull, low back pain and stiffness associated with prolonged sitting. The right elbow pain is constant rated 7/10 described as sharp with stiffness and aggravated by lifting. The right wrist pain is rated 6/10 and described as sharp with stiffness, numbness and tingling associated with movement. The right hand pain is constant and described as dull, achy and sharp with stiffness. Physical exam revealed muscle spasm of the lumbar muscles. There was tenderness to palpation of the lateral right elbow. There was tenderness to palpation of the dorsal wrist with reverse Phalen's test positive. There was tenderness to palpation of the palmar aspect of right hand and carpal compression caused tingling. The x-rays of the lumbosacral spine revealed degenerative endplate osteophytes. The x-rays of the right hand/elbow and wrist were negative. Work status was temporary total disability and off work until 1/31/15. On 12/31/14 Utilization Review non-certified a request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm, Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm, Flexeril 10mg QTY: 60.00, and Omeprazole 20mg QTY: 60.00, noting that regarding the Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin

10%, Menthol 2%, Camphor 2% 180gm per guidelines gabapentin is not recommended. Regarding the Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm, this topical medication contains gabapentin and is not recommended per guidelines. Regarding the Flexeril 10mg QTY: 60.00, there was no evidence of the presence of muscle spasms. Regarding the Omeprazole 20mg QTY: 60.00, there was no documentation of any gastrointestinal conditions or risk for gastrointestinal event related to Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) use. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm: Upheld

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

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

Decision rationale: Regarding the request for capsaicin/flurbiprofen/gabapentin/menthol/camphor, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested capsaicin/flurbiprofen/gabapentin/menthol/camphor is not medically necessary.

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm: Upheld

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

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

Decision rationale: Regarding the request for gabapentin/amitriptyline/dextromethorphan, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Gabapentin is not supported by the CA

MTUS for topical use. Furthermore, within the documentation available for review, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested gabapentin/amitriptyline/dextromethorphan is not medically necessary.

Flexeril 10mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: Regarding the request for Flexeril, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

Omeprazole 20mg QTY: 60.00: Upheld

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

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

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.