

Case Number:	CM15-0162639		
Date Assigned:	08/28/2015	Date of Injury:	03/03/2014
Decision Date:	10/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/19/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44-year-old woman sustained an industrial injury on 3-3-2014. The mechanism of injury is not detailed. Diagnoses include impingement syndrome of the right shoulder with partial thickness rotator cuff tear, left shoulder strain, and cervical spine strain. Treatment has included oral medications. Physician notes on a PR-2 dated 7-1-2015 show complaints of worsening right shoulder pain rated 8 out of 10. Recommendations include physical therapy, interferential unit and supplies rental for 30-60 days with possible future purchase, Orphenadrine-Caffeine, Gabapentin-Pyridoxine, Omeprazole-Flurbiprofen, three topical compound applications for analgesia and inflammation, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 50mg-Caffeine 10mg #60 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Based on the 07/01/15 progress report provided by treating physician, the patient presents with worsening right shoulder pain rated 8/10. The patient is status post right shoulder arthroscopy subacromial decompression on 03/11/15. The request is for Orphenadrine 50mg-caffeine 10mg #60 with 0 refills. Patient's diagnosis per Request for Authorization form dated 07/21/15 includes shoulder joint pain and rotator cuff disorder. Physical examination of the shoulder revealed decreased range of motion. Treatment to date has included surgery, physical therapy, imaging studies, and medications. Patient's medications include orphenadrine, gabapentin, flurbiprofen, omeprazole, and topical creams. The patient may return to modified work. MTUS, Muscle Relaxants (for pain) Section, page 63-66 states the following: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects. Orphenadrine has been included in patient's medications per progress reports dated 01/14/15, 03/18/15 and 07/01/15. It is not known when this medication was initiated. MTUS limits this medication to 2-3 week duration. The patient has been prescribed Orphenadrine at least since 01/14/15, which is more than 6 months from UR date of 07/28/15. The request for additional quantity 60 exceeds guideline recommendation, and does not indicate intended short-term use. Therefore, the request is not medically necessary.

Kera Tek gel #113 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 07/01/15 progress report provided by treating physician, the patient presents with worsening right shoulder pain rated 8/10. The patient is status post right shoulder arthroscopy subacromial decompression on 03/11/15. The request is for Kera Tek gel #113 with 0 refills. Patient's diagnosis per Request for Authorization form dated 07/21/15 includes shoulder joint pain and rotator cuff disorder. Physical examination of the shoulder revealed decreased range of motion. Treatment to date has included surgery, physical therapy, imaging studies, and medications. Patient's medications include orphenadrine, gabapentin, flurbiprofen, omeprazole, and topical creams. The patient is off-work. Kera-Tek analgesic gel

contains Menthol 16g in 100g and Methyl Salicylate 28g in 100g. MTUS, Topical Analgesics Section, pages 11-113 states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis problems. "Indications: 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." This patient presents with pain to the shoulder. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition, which the patient does not present with. Guidelines do not support Keratek gel for shoulder conditions. Furthermore, there is no documentation of how this topical is being used, with what efficacy. MTUS page 60 requires recording of pain and function when medication is used for chronic pain. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Gabapentin-Pyridoxine 250mg-10mg #120 with 0 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Based on the 07/01/15 progress report provided by treating physician, the patient presents with worsening right shoulder pain rated 8/10. The patient is status post right shoulder arthroscopy subacromial decompression on 03/11/15. The request is for Gabapentin-Pyridoxine 250mg-10mg #120 with 0 refills. Patient's diagnosis per Request for Authorization form dated 07/21/15 includes shoulder joint pain and rotator cuff disorder. Physical examination of the shoulder revealed decreased range of motion. Treatment to date has included surgery, physical therapy, imaging studies, and medications. Patient's medications include orphenadrine, gabapentin, flurbiprofen, omeprazole, and topical creams. The patient may return to modified work. MTUS, Anti-Epilepsy Drugs Section, pgs 18,19 states the following: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Treater has not provided reason for the request. Gabapentin-Pyridoxine has been included in patient's medications per 07/01/15 report. This appears to be the initial trial prescription for Gabapentin/Pyridoxine. The patient presents with worsening chronic pain. Since this is the initial prescription, treater has not had the opportunity to discuss and document medication efficacy. Therefore, the request is medically necessary.

Flurbiprofen-Omeprazole 100mg-10mg #60 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 07/01/15 progress report provided by treating physician, the patient presents with worsening right shoulder pain rated 8/10. The patient is status post right shoulder arthroscopy subacromial decompression on 03/11/15. The request is for Flurbiprofen-Omeprazole 100mg-10mg #60 with 0 refills. Patient's diagnosis per Request for Authorization form dated 07/21/15 includes shoulder joint pain and rotator cuff disorder. Physical examination of the shoulder revealed decreased range of motion. Treatment to date has included surgery, physical therapy, imaging studies, and medications. Patient's medications include orphenadrine, gabapentin, flurbiprofen, omeprazole, and topical creams. The patient may return to modified work. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." Flurbiprofen-Omeprazole has been included in patient's medications per 07/01/15 report. This appears to be the initial trial prescription for this medication. Treater has not provided reason for the request. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document any recent dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, this request is not medically necessary.

Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% cream #180 grams with 0 refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 07/01/15 progress report provided by treating physician, the patient presents with worsening right shoulder pain rated 8/10. The patient is status post right shoulder arthroscopy subacromial decompression on 03/11/15. The request is for Flurbiprofen 20%, Cyclobenzaprine 10%, and Menthol 4% cream #180 grams with 0 refills. Patient's diagnosis per Request for Authorization form dated 07/21/15 includes shoulder joint pain and rotator cuff disorder. Physical examination of the shoulder revealed decreased range of motion. Treatment to date has included surgery, physical therapy, imaging studies, and medications.

Patient's medications include orphenadrine, gabapentin, flurbiprofen, omeprazole, and topical creams. The patient may return to modified work. MTUS, Topical Analgesics section page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." 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. Treater has not provided reason for the request, nor indicated where this topical is applied and with what efficacy. Nevertheless, the requested topical compound contains Cyclobenzaprine, which is not supported for topical use in lotion form, according to guidelines. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Mometasone 0.15%, Doxepin 5% #60grams with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 07/01/15 progress report provided by treating physician, the patient presents with worsening right shoulder pain rated 8/10. The patient is status post right shoulder arthroscopy subacromial decompression on 03/11/15. The request is for Mometasone 0.15%, Doxepin 5% #60 grams With No Refills. Patient's diagnosis per Request for Authorization form dated 07/21/15 includes shoulder joint pain and rotator cuff disorder. Physical examination of the shoulder revealed decreased range of motion. Treatment to date has included surgery, physical therapy, imaging studies, and medications. Patient's medications include orphenadrine, gabapentin, flurbiprofen, omeprazole, and topical creams. The patient may return to modified work. MTUS, Topical Analgesics Section, page 111 states the following: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these 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." Treater has not provided reason for the request, nor indicated where this topical is applied and with what efficacy. This topical contains corticosteroid and an antidepressant. There is no discussion or support found in MTUS or ODG for topical use of any antidepressants. MTUS page 111 also states that if one of the compounded topical products is not recommended, then the entire product is not. Given lack of guideline support, this request is not medically necessary.