MAXIMUS Federal Services

Case Number:	CM15-0163091		
Date Assigned:	08/31/2015	Date of Injury:	07/15/2015
Decision Date:	10/19/2015	UR Denial Date:	07/29/2015
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:

The injured worker is a 23 year old female who sustained an industrial injury on 07-15-2015. According to a Doctor's First Report of Occupational Injury dated 07-16-2015, she reported 2-3 days of pain to her left wrist with pins and needles. There was no specific injury. The injured worker just began to notice pain when she was using a mop bucket and when extending her left wrist. She also noticed a ball on her wrist. Subjective complaints included numbness and tingling and fatigue when lifting heavy items. Physical examination demonstrated a round mobile smooth nodule palpation over the extensor tendon which became visible with wrist extension. Tenderness to palpation to dorsal compartment 5 and 6 was noted. X-rays of the left wrist demonstrated negative pathology. Diagnoses included left wrist extensor tendon tenosynovitis. The treatment plan included Naprosyn, Prilosec, left wrist brace and Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5% #180 grams apply 2-4 pumps 1.0 gram-2.0 grams topically 2-3 times a day. Currently under review is the request for Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5% 180 grams apply 2-4 pumps 1.0 gram-2.0 grams topically 2-3 times a day and Prilosec 20 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen20%Lidocaine 5% /Amitriptyline 5%#180mg (apply 2-4 pumps 1.0gm-2.0gm) topically 2-3 times a day: 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: The current request is for Flurbiprofen20%Lidocaine 5% /Amitriptyline 5%#180mg (apply 2-4 pumps 1.0gm-2.0gm) topically 2-3 times a day. The RFA is dated 07/16/15. There is no treatment history. The patient is to return to modified duty. MTUS Guidelines, Topical Analgesics NSAIDs, page 111 states: "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety". Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS continues to state that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. "There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen". Per Doctor's First Report dated 07/16/15, the patient presents with left wrist pain with numbness and tingling. Physical examination demonstrated a round mobile smooth nodule palpation over the extensor tendon which became visible with wrist extension. Tenderness to palpation to dorsal compartment 5 and 6 was noted. Treatment plan included x-rays, Naprosyn, Prilosec, brace and topical cream. MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. Neither Lidocaine (non-patch form), nor Amitriptyline are indicated for topical application. The requested topical cream is not medically necessary.

Prilosec 20mg #30: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The current request is for Prilosec 20mg #30. The RFA is dated 07/16/15. There is no treatment history. The patient is to return to modified duty. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for

gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per Doctor's First Report dated 07/16/15, the patient presents with left wrist pain with numbness and tingling. Physical examination demonstrated a round mobile smooth nodule palpation over the extensor tendon which became visible with wrist extension. Tenderness to palpation to dorsal compartment 5 and 6 was noted. Treatment plan included x-rays, Naprosyn, Prilosec, brace and topical cream. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. This appears to be the initial request for Prilosec, and treater has not had the opportunity to document medication efficacy. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.