

Case Number:	CM15-0166650		
Date Assigned:	09/14/2015	Date of Injury:	11/16/2012
Decision Date:	10/30/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/25/2015

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: Preventive Medicine, Occupational Medicine

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 59 year old male who sustained an industrial injury on 11-16-12. Diagnoses are right rotator cuff tear, right shoulder bursitis, right shoulder impingement syndrome, status post surgery right shoulder, left rotator cuff tear, left shoulder bursitis, left shoulder impingement syndrome, right carpal tunnel syndrome, and left carpal tunnel syndrome. Previous treatment includes physical therapy, acupuncture, right elbow splint, injections, medications, and extracorporeal shockwave treatment. In a progress report dated 4-20-15, the physician notes subjective complaints of "constant moderate achy pain" of the neck, right shoulder, left shoulder, left elbow, right wrist, and left wrist. Objective findings note decreased range of motion of the cervical spine, right shoulder, left shoulder, and left elbow. There is tenderness to palpation and muscle spasm of the anterior and posterior shoulder. Neer's and Hawkin's are positive. There is tenderness to palpation of the left elbow. Tinel's is negative. There is tenderness to palpation of the left and right wrist with negative Tinel's and Phalen's. Finkelstein's and carpal compression are also negative. Work status is to remain off work until 5-20-15. An extracorporeal shockwave treatment note dated 6-29-15 reports the injured worker continues to have significant residual symptoms and was referred to undergo extracorporeal shockwave therapy. It is noted this is the 3rd treatment and that since the last treatment, he reported some improvement in pain. A request for authorization is dated 7-8-15. The requested treatment of Capsaicin 0.0375%/Tramadol 7%/Ketamine 10%/Menthol 2%/Camphor 2% quantity 240 grams, Flurbiprofen 15%/Buprenorphine 0.1%/Naloxone 0.025% quantity 240 grams, Pantoprazole 20mg quantity 60, and Norco 10-325mg quantity 90 was denied on 8-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.0375%/Tramadol 7%/Ketamine 10%/Menthol 2 %/Camphor 2% (gm) QTY: 240: 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: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. Capsaicin 0.0375%/Tramadol 7%/Ketamine 10%/Menthol 2 %/Camphor 2% (gm) QTY: 240 is not medically necessary.

Flurbiprofens%/Buprenorphine 0.1%/Naloxone 0.025% (gm) QTY: 240: 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: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofens%/Buprenorphine 0.1%/Naloxone 0.025% (gm) QTY: 240 is not medically necessary.

Pantoprazole 20mg QTY: 60: 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: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should 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. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Pantoprazole 20mg QTY: 60 is not medically necessary.

Norco 10/325mg QTY: 90: 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): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 12 months. Norco 10/325mg QTY: 90 is not medically necessary.