

Case Number:	CM15-0168552		
Date Assigned:	09/09/2015	Date of Injury:	04/18/2011
Decision Date:	10/28/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/27/2015

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: New York
 Certification(s)/Specialty: Internal 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 55-year-old male, with a reported date of injury of 04-18-2011. He had a twisting injury to the right shoulder. The diagnoses include right shoulder impingement syndrome, and status post right shoulder surgery. Treatments and evaluation to date have included oral medications, physical therapy, and right shoulder arthroscopy in 09-2011. The diagnostic studies to date have included a urine drug screen on 03-09-2015; and electro-diagnostic studies on 02-13-2015 which showed mild chronic C5 and C7 radiculopathy on the right and left and mild right carpal tunnel syndrome. The re-examination report dated 07-02-2015 indicates that the injured worker was given a prescription for topical pain medications and oral medications. There were no subjective and objective findings indicated. The medical report dated 03-09-2015 indicates that the injured worker complained of right shoulder pain. It was noted that the injured worker did relatively well from the right shoulder surgery, but remained symptomatic. The physical examination showed well-healed arthroscopic portal incisions about the shoulder, which were non-tender; tenderness to palpation over the anterior aspect of the shoulder; slightly decreased right shoulder range of motion; intact sensation; and positive impingement test of the right shoulder. It was noted that he had reached maximum medical improvement and was considered permanent and stationary. The request for authorization was not provided in the medical records. On 08-06-2015, the Utilization Review non-certified the request for Orphenadrine-Caffeine 50-10mg #60 due to no documentation of a maintained increase in function or pain with use of this medication and caffeine is not supported by the guidelines for the treatment of pain; Gabapentin-Pyridoxine 250-10mg #60 due to no

documentation of quantifiable functional improvement; Flurbiprofen/Omeprazole 100-10mg #60 due to no documentation of dyspepsia, no history of gastrointestinal bleeding, or use of anticoagulants; Kera Tek gel 40z bottle due to no evidence of any extenuating circumstances; Flurbiprofen 20%-Cyclobenzaprine 10%-Menthol 4% cream due to no evidence of any extenuating circumstances; and Mometasone 5%-Doxepin 5% 1-2 grams, 2-3 times per day due to no evidence of any extenuating circumstances.

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: 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: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. Recommendation is for a short course of therapy and not for chronic use. Caffeine is not recommended for pain. There is no documentation submitted to support improvement in reducing pain, reducing muscle spasms, or increasing function with the use of this medication. Therefore the requested treatment: Orphenadrine 50mg/Caffeine 10mg # 60 is not medically necessary and appropriate.

Gabapentin/Pyridoxine 250mg/10mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--B vitamins & vitamin B complex.

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. B vitamins & vitamin B complex are not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. In this case, there is no clear documentation about the injured worker's functional improvement with this regime. Medical necessity of Gabapentin/Pyridoxine has not been established. The Requested Treatment: Gabapentin/Pyridoxine 250mg/10mg #60 is not medically necessary and appropriate.

Flurbiprofen/Omeprazole 100/10mg, capsules #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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--NSAIDs (non-steroidal anti-inflammatory drugs) Pain Chapter--Proton pump inhibitors (PPIs).

Decision rationale: Official Disability Guidelines (ODG) ODG states that for Chronic low back pain NSAIDs (non-steroidal anti-inflammatory drugs) are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication. Also review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective evidence of functional improvement. As per the ODG guidelines, Omeprazole is a proton pump inhibitor. The CA MTUS guidelines indicate that proton pump inhibitors are recommended in those patients who are risk for gastrointestinal events and no cardiovascular disease. The gastrointestinal event risk factors include: age over 65 years, history of peptic ulcer, GI (gastrointestinal) bleeding or perforation, concurrent use of ASA (aspirin), corticosteroids, and/or an anticoagulant, or high dose or multiple oral NSAID (non-steroidal anti-inflammatory drug) use. This injured worker is 55 years old. There is no evidence documented that he is at risk of gastrointestinal events, and there is no evidence of a history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, anticoagulants, or high dose or multiple oral NSAID use. In this injured worker, there is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Flurbiprofen/Omeprazole 100/10mg has not been established.

Flurbiprofen 20%/Cyclobenzaprine 10%/Menthol cream 4% cream: 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 California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for

example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Flurbiprofen is used as a topical NSAID. It has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). There is no evidence for use of any other muscle relaxant (Cyclobenzaprine) as a topical product. There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anticonvulsants. In this injured worker, the medical necessity for the requested topical cream has not been established.

Mometasone 15%/Doxepin 5% 1-2 gms 2-3 times per 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: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anticonvulsants. Based on the currently available medical information for review, there is no documentation why this particular cream is requested; the medical necessity for the requested treatment: Mometasone 15%/Doxepin 5% has not been established.

Kera Tek gel 4 oz bottle: 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 California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for

example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Kera Tek gel contains menthol and methyl salicylate. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Records do not indicate that injured worker is not able to use oral medications. There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anticonvulsants. Based on the currently available medical information for review, there is no clear documentation why this particular gel is requested; the medical necessity for this gel has not been established.