

Case Number:	CM15-0183299		
Date Assigned:	09/24/2015	Date of Injury:	09/04/2014
Decision Date:	11/18/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/17/2015

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 31 year old male, who sustained an industrial injury on September 4, 2014. Medical records indicate that the injured worker is undergoing treatment for tendinitis of the wrists, right wrist sprain- strain, left wrist sprain-strain and bilateral upper extremities overuse. The injured worker was working with modified duties. On 8-10-15, the injured worker reported bilateral sharp, stabbing, burning pain in the bilateral wrists. Associated symptoms included weakness, numbness and tingling. The right wrist was rated 7 out of 10 and the left wrist was rated 8 out of 10 on the visual analogue scale. Medication, massage and physical therapy provided relief. Examination of the bilateral wrists revealed tenderness to palpation over the dorsal wrist and volar wrist. Subsequent progress reports (7-31-15, 7-24-15, 7-17-15 and 7-15-15) indicate the injured worker bilateral wrists pain levels varied from 6-9 out of 10 on the visual analogue scale. Treatment and evaluation to date has included medications, urine drug screen, physical therapy and acupuncture treatments (6). Current medications include Voltaren (July of 2015) and Protonix (July of 2015). Current requests for treatment include Pantoprazole 20 mg # 60, Diclofenac 100 mg # 60, Flurbiprofen 20% Baclofen 10% Dexamethasone 0.2% Hyaluronic acid 0.2% cream 30 gm (HMPC2), Flurbiprofen 20% Baclofen 10% Dexamethasone 0.2% Hyaluronic acid 0.2% cream 240 gm (HMPC2), Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic acid 0.2% cream 30 gm (HNPC1), Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic acid 0.2% cream 240 gm (HNPC1). The Utilization Review documentation dated 8-18-15 non-certified the requests for Pantoprazole 20 mg # 60, Diclofenac 100 mg # 60, Flurbiprofen 20% Baclofen 10% Dexamethasone 0.2% Hyaluronic acid 0.2% cream 30 gm (HMPC2), Flurbiprofen 20% Baclofen 10% Dexamethasone 0.2% Hyaluronic acid 0.2% cream 240 gm (HMPC2), Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic acid 0.2% cream 30 gm (HNPC1), Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic acid 0.2% cream 240 gm (HNPC1).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #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 #60 is not medically necessary.

HMPC2 Flurbiprofen 20% Baclofen 10% Dexamethasone 0.2% Hyaluronic acid 0.2% cream 30gm: 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. HMPC2 Flurbiprofen 20% Baclofen 10% Dexamethasone 0.2% Hyaluronic acid 0.2% cream 30gm is not medically necessary.

HMPC2 Flurbiprofen 20% Baclofen 10% Dexamethasone 0.2% Hyaluronic acid 0.2% cream 240gm: 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. HMPC2 Flurbiprofen 20% Baclofen 10% Dexamethasone 0.2% Hyaluronic acid 0.2% cream 240gm is not medically necessary.

HNPC1 Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic acid 0.2% cream 30gm: 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. Gabapentin is not recommended. There is no peer-reviewed literature to support use. HNPC1 Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic acid 0.2% cream 30gm is not medically necessary.

HNPC1 Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic acid 0.2% cream 240gm: 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. Gabapentin is not recommended. There is no peer-reviewed literature to support use. HNPC1 Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic acid 0.2% cream 240gm is not medically necessary.

Diclofenac 100mg #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 (Chronic), Diclofenac.

Decision rationale: According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Diclofenac 100mg #60 is not medically necessary.

