

Case Number:	CM15-0189296		
Date Assigned:	10/01/2015	Date of Injury:	02/04/2009
Decision Date:	12/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old female who sustained an industrial injury on 2-4-09. A review of the medical records indicates she is undergoing treatment for cervical spine disk syndrome with strain and sprain disorder and radiculopathy, lumbosacral spine disk syndrome with strain and sprain disorder and radiculopathy, bilateral rotator cuff syndrome with bilateral suprascapular neuropathy, bilateral knee internal derangement with bilateral femoral neuropathy, acute and chronic right lateral epicondylitis, right ankle strain and sprain disorder, acute and chronic left hip trochanteric bursitis, and chronic pain syndrome with idiopathic insomnia. Medical records (2-11-15 to 7-27-15) indicate ongoing complaints of neck, low back, bilateral knee, bilateral shoulder, right ankle, and left hip pain with sharp, stabbing pain, stiffness, weakness, numbness, paresthesia, instability, and generalized discomfort. The physical exam (7- 27-15) reveals decreased range of motion of the cervical and lumbosacral spine and shoulders, bilaterally. Positive drop test and tenderness in the medial aspect of both knees is noted with reduced range of motion of both knees. Decreased strength is noted in the distribution of the bilateral suprascapular nerves and bilateral femoral nerves. Decreased sensation and strength is noted in the distribution of the right C6 and right S1 spinal nerve roots. Tenderness is noted of the bilateral cervical and lumbosacral paraspinal muscles with spasm. Diagnostic studies are not included in the reviewed records. The injured worker is not working. Treatment has included medications, including Norco 10-325, Oxycodone, Anaprox, Lunesta, Soma, Xanax, and Topical creams (7-27-15). Previous medications have included Ambien and Prevacid. Effects of the injured worker's symptoms on activities of daily living are not included

in the reviewed records. The utilization review (8-28-15) indicates requests for authorization of compound cream 30gms (Flurbiprofen 15%-Cyclobenzaprine 3%-Capsaicin 0.0375%-Menthol 2%-Camphor 1%), same compound cream in a quantity of 120gms, Naproxen 550mg #30, Omeprazole 20mg #30, Carisoprodol 350mg #90, Alprazolam 1mg #90, and Eszopiclone 20mg #30. All requested treatments, with the exception of Naproxen, were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream 30 gms (Flurbiprofen 15%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%, Camphor 1% in UL): 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): Capsaicin, topical, Cyclobenzaprine (Flexeril), Medications for chronic pain, Nonprescription medications, NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when treatment with first line antidepressant and anticonvulsant medications has failed. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that topical medications be utilized individually for efficacy. There is lack of guidelines support for the utilization of topical formulations of cyclobenzaprine, menthol and camphor for the treatment of chronic musculoskeletal pain. The criteria for the use of compound cream 30gms (flurbiprofen 15%, cyclobenzaprine 3%, capsaicin 0.0375%, menthol 2%, camphor 1 in UL) was not met, therefore is not medically necessary.

Compound cream 120 gms (Flurbiprofen 15%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%, Camphor 1% in UL): 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): Anti-inflammatory medications, Medications for chronic pain, Nonprescription medications, NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when treatment with first line antidepressant and anticonvulsant medications has failed. The records did not show subjective or

objective findings consistent the diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that topical medications be utilized individually for efficacy. There is lack of guidelines support for the utilization of topical formulations of cyclobenzaprine, menthol and camphor for the treatment of chronic musculoskeletal pain. The criteria for the use of compound cream 120gms (flurbiprofen 15%, cyclobenzaprine 3%, capsaicin 0.0375%, menthol 2%, camphor 1 in UL) was not met, therefore is not medically necessary.

Omeprazole 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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal disease. The chronic use of NSAIDs can be associated with significant gastrointestinal adverse effects. The records indicate that the patient is utilizing omeprazole for the prevention and treatment of NSAID induced gastritis. The criteria for the use of omeprazole 20mg #30 was met, therefore is medically necessary.

Carisoprodol 350mg #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): Carisoprodol (Soma), Medications for chronic pain, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of chronic musculoskeletal pain when standard treatment with NSAIDs, exercise and PT have failed.. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The utilization of carisoprodol is associated with significantly high incidence of addiction because of conversion to meprobamate, the anesthetic metabolite. The duration of utilization of carisoprodol had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms be treated with anticonvulsant and antidepressant medications. The criteria for the use of carisoprodol 350mg #90 was not met, therefore is not medically necessary.

Alprazolam 1mg #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): Antidepressants for chronic pain, Benzodiazepines, Medications for chronic pain, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Benzodiazepines.

Decision rationale: The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for short-term treatment of anxiety in patients with exacerbation of chronic musculoskeletal pain. The chronic use of benzodiazepine can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative agents. The duration of utilization of alprazolam had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms be treated with anticonvulsant and antidepressant medications that have anxiolytic properties. The criteria for the use of alprazolam 1mg #90 was not met, therefore is not medically necessary.

Eszopiclone 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Sleep Medications.

Decision rationale: The CA MTUS and the ODG guidelines recommend that sleep medications can be utilized for short-term treatment of insomnia in patients with chronic musculoskeletal pain when standard sleep hygiene measures have failed. The chronic use of sedatives can be associated with the development of tolerance, dependency, addiction, sedation, daytime somnolence and adverse interaction with other sedative agents. The duration of utilization of eszopiclone had exceeded the guidelines recommended maximum period of 4 weeks. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms be treated with anticonvulsant and antidepressant medications. The criteria for the use of eszopiclone 2mg #30 was not met, therefore is not medically necessary.