MAXIMUS Federal Services

Case Number:	CM15-0191947		
Date Assigned:	10/06/2015	Date of Injury:	03/05/1998
Decision Date:	12/14/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/29/2015

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: Oregon
Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 3-06-1998. The injured worker is being treated for status post right carpal tunnel release, status post left carpal tunnel release with recurrence, left cubital tunnel neuropathy, status post left ulna fracture with open reduction internal fixation (ORIF), left carpal tunnel re-exploration and tenosynovectomy (2011), right ulnar neuropathy, status post triceps reconstruction 93-2015) and right shoulder chronic pain status post 4 shoulder surgeries. Treatment to date has included multiple surgical interventions, medications and injections. Per the Orthopedic Progress Report dated 7-23-2015, the injured worker reported pain in the right shoulder with grinding and popping, hardness of the wrist and palm, numbness in the left hand with loss of strength and gripping, and pain in the left wrist. Objective findings included soft tissue fullness and bulging of the tissues volar aspect distal forearm statues post carpal tunnel release left side, positive Tinel's sign carpal tunnel and a positive medial nerve compression test. The notes from the provider do not document efficacy of the prescribed medications. Work status was temporarily totally disabled. The plan of care included physical therapy, oral and topical medications and authorization was requested for Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5%-Hyaluronic acid 0.2% 240gm, and Flurbiprofen 20%-Baclofen 10%-Dexamethasone micro 0.2%-Hyaluronic acid 0.2% 240gm. On 9-09-2015, Utilization Review non-certified the request for Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5%-Hyaluronic acid 0.2% 240g, and Flurbiprofen 20%-Baclofen 10%-Dexamethasone micro 0.2%-Hyaluronic acid 0.2% 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10%, Gabapentin 10%, Baclofen 5%, Hyaluronic acid 0.2% in cream base 240 grams, apply 2-3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS, page 111, Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not support topical anti-depressants. The request is not medically necessary. Per MTUS, efficacy is not established.

Flubiprofen 20%, Baclofen 5%, Dexamethasone micro 0.2%, Hyaluronic acid 0.2%, in cream base, 240 grams, apply 2-3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS, page 111, Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended."MTUS does not support topical Baclofen. The request is not medically necessary. Per MTUS, efficacy is not established.

Pantoprazole Sodium (Protonix) 20 mg Qty 30 with 1 refill, 1 tablet by mouth every day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS (NSAIDs, GI symptoms & cardiovascular risk page 68) regarding the use of proton pump inhibitors (PPI) such as protonix, for prophylaxis use indicates that the following risk factors should be present, "(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)." Documentation provided does not suggest that the patient has any of the noted risk factors noted above and the PPI is recommended non-certified. The patient does not have a history of anti-coagulation, previous reaction to NSAIDS or peptic ulcer disease. The patient is not older than 65, is not on steroids and is not on multiple or high dose NSAIDS. The guidelines do not support routine use of PPI's for patients taking NSAIDS. The request is not medically necessary.

Eszopiclone (Lunesta) 1 mg Qty 30 with 1 refill, 1 tablet by mouth at bedtime as needed for sleep: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress.

Decision rationale: Eszopiclone, marketed by [redacted] under the brand-name Lunesta, is a non-benzodiazepine hypnotic, which is slightly effective for insomnia. Per ODG, Mental Illness and Stress: "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." ODG supports Lunestra as a treatment for sleep disorders. This patient has a sleep disturbance, and ODG supports restful sleep as rehabilitative. Lunestra is medically necessary.

Mirtazpine (Remeron) 15 mg Qty 60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Mirtazapine (brand names: Avanza, Axit, Mirtaz, Mirtazon, Remeron, Zispin] is a noradrenergic and specific serotonergic antidepressant (NaSSA) introduced by [redacted] in the United States in 1996, and is used primarily in the treatment of depression. It is also commonly used as an anxiolytic, hypnotic, antiemetic and appetite stimulant. Per MTUS, page 13, Antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain.The patient has neuropathic pain as well as anxiety and depression. MTUS supports anti-depressant treatment for both neuropathic pain and depression. This patient has both conditions and should benefit from treatment. The request is medically necessary.

Cyclobenzaprine (Fexmid) 7.5 mg Qty 90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per MTUS page 84: Cyclobenzaprine (Flexeril, Amrix, Fexmid TM, generic available): Recommended for a short course of therapy. The physician has recommended 90 pills with a refill. This exceeds the guidelines that support only a short course of therapy. The request is not medically necessary because the guidelines are exceeded.

Acupuncture, right wrist, 2 times weekly for 6 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Per MTUS:(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week (3) Optimum duration: 1 to 2 months Acupuncture may be beneficial, but the request for 12 sessions exceeds guidelines. MTUS recommends only 6 sessions. Acupuncture, 12 sessions, is not medically necessary.