

Case Number:	CM15-0194935		
Date Assigned:	10/09/2015	Date of Injury:	05/30/2014
Decision Date:	12/17/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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: Physical Medicine & Rehabilitation, 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 47-year-old female, with a reported date of injury of 05-30-2014. The diagnoses include cervical sprain and strain, cervical spondylosis, bilateral shoulder strain, bilateral shoulder bursitis, bilateral shoulder impingement syndrome, chronic tendonitis of the right wrist, rule out rupture tear of the left 5th finger, contusion left hand, status post left ulnar nerve transposition, and status post left carpal tunnel release. Treatments and evaluation to date have included physical therapy, Motrin, and Tramadol. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 08-20-2015 indicates that the subjective complaints included a left carpal tunnel release in 2002; "both shoulders"; status post left elbow ulnar release; and cervical spine pain. The objective findings included right shoulder flexion 120-180, right shoulder abduction 105-120, and positive subacromial pain. The injured worker's pain rating was not indicated. The treatment plan included the prescription of several medications. Gabapentin was prescribed to decrease neuritis. The injured worker's status was noted as temporary total disability. The medical report on 07-13-2015 indicates that the injured worker complained of hand pain and stiffness with radiation of pain to the ulnar aspect of the hand; and shoulder pain. The objective findings included decreased range of shoulder flexion and abduction; decreased range of little finger MP (metacarpophalangeal), PIP (proximal interphalangeal), and DIP (distal interphalangeal) flexion; severe disability, radial aspect of MP joint of the little finger; and decreased grip strength. The request for authorization was dated 08-21-2015. The treating physician requested topical Lidocaine 5% (dispensed: 08-20-2015); topical Cyclobenzaprine 10% (dispensed: 08-20-2015); topical Gabapentin 5%

(dispensed: 08-20-2015); topical Lidocaine 5% (dispensed: 08-20-2015); topical Capsaicin 0.025% (dispensed: 08-20-2015); Gabapentin 250mg, unspecified amount (dispensed: 08-20-2015); and Pyridoxine 100mg, unspecified amount (dispensed: 08-20-2015). On 09-17-2015, Utilization Review (UR) non-certified the request for topical Lidocaine 5% (dispensed: 08-20-2015); topical Cyclobenzaprine 10% (dispensed: 08-20-2015); topical Gabapentin 5% (dispensed: 08-20-2015); topical Lidocaine 5% (dispensed: 08-20-2015); topical Capsaicin 0.025% (dispensed: 08-20-2015); Gabapentin 250mg, unspecified amount (dispensed: 08-20-2015); and Pyridoxine 100mg, unspecified amount (dispensed: 08-20-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Topical Flurbiprofen 25% dispensed 8/20/2015 quantity 1 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Regarding the request for topical flurbiprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any objective functional improvement from the use of topical flurbiprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical flurbiprofen is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical flurbiprofen is not medically necessary.

Retro: Topical Lidocaine 5% dispensed 8/20/2015 quantity 1 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Thus these guidelines do not support the use of topical lidocaine preparations which are not in patch form. As such, the currently requested topical formulation of lidocaine is not medically necessary.

Retro: Topical Cyclobenzaprine 10% dispensed 8/20/2015 quantity 1 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, be currently requested cyclobenzaprine is not medically necessary.

Retro: Topical Gabapentin 5% dispensed 8/20/2015 quantity 1 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: With regard to the request for topical gabapentin, the CPMTG do not recommend this topical medication. On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Given this recommendation, this request is not medically necessary.

Retro: Topical Lidocaine 5% dispensed 8/20/2015 quantity 1 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Thus these guidelines do not support the use of topical lidocaine preparations which are not in patch form. As such, the currently requested topical formulation of lidocaine is not medically necessary.

Retro: Topical Capsaicin 0.025% dispensed 8/20/2015 quantity 1 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Regarding request for capsaicin cream, guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of capsaicin cream. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested capsaicin cream is not medically necessary.

Retro: Gabapentin 250mg dispensed 8/20/2015 unspecified amount: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no documentation of neuropathic pain. Additionally, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. In the absence of such documentation, the current request is not medically necessary.

Retro: Pyridoxine 100mg dispensed 8/20/2015 unspecified amount: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date Online, Pyridoxine.

Decision rationale: Regarding the request for pyridoxal 5 phosphate (also known as vitamin B6 or pyridoxine), the California MTUS, ODG, and ACOEM guidelines do not contain criteria for this. The alternative reference of Up-to-date Online, an evidenced-based database, is cited. Up-to-date Online specifies that this vitamin has a recommended daily allowance (RDA) that varies

by gender and age. It can be utilized off-label in the following conditions: Dietary deficiency, Gyromitrin-containing mushroom (false morel) overdose/toxicity (treatment/prophylaxis), Nausea and vomiting of pregnancy (off-label use), and Neurological toxicities (ie, seizures, coma) associated with isoniazid overdose (prevention). Within the documentation available for review, the requesting physician has not indicated that this patient has any specific nutritional deficits or pyridoxine deficiency. Additionally, there are no diagnoses which warrant off-label use (such as INH toxicity), are present. Given this, the current request is not medically necessary.