

Case Number:	CM15-0197262		
Date Assigned:	10/13/2015	Date of Injury:	05/28/2014
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/07/2015

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, District of Columbia, Maryland
 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:

This 54 year old male sustained an industrial injury on 5-28-14. Documentation indicated that the injured worker was receiving treatment for cervical sprain and strain, left carpal tunnel syndrome, left rotator cuff tendinitis and insomnia secondary to pain. Previous treatment included left carpal tunnel release (August 2014), physical therapy and medications. In an initial orthopedic panel qualified medical evaluation dated 4-1-15, the physician documented that the injured worker's only current medication was over the counter Aleve. In an initial orthopedic surgery evaluation dated 6-12-15, the injured worker complained of ongoing pain to the left shoulder, left wrist, left hand and neck, rated 6 to 7 out of 10 on the visual analog scale. The injured worker also reported having difficulty sleeping, fluctuating weight pattern, decreased muscle mass and strength and decreased energy levels since the injury. Physical exam was remarkable for left shoulder with tenderness to palpation, positive Hawkin's, Supraspinatus resistance and Impingement maneuver and range of motion: flexion and abduction 160 degrees, extension 40 degrees, adduction 20 degrees and interior and exterior rotation 70 degrees, tenderness to palpation to the left wrist with positive Phalen's test and range of motion: dorsal flexion 50 degrees, palmar extension 50 degrees, radial deviation 20 degrees, ulnar deviation 20 degrees and pronation and supination 80 degrees and cervical spine with mild tenderness to palpation and range of motion: flexion 40 degrees, extension 50 degrees, bilateral rotation 60 degrees and bilateral lateral tilt 35 degrees. The physician recommended autonomic nervous system and Sudoscan testing, electromyography and nerve conduction velocity test of bilateral upper extremities, acupuncture twice a week for four weeks, physical therapy twice a week for

four weeks and medications (Duexis, Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2%, Lidocaine 5% and Lidocaine 5% #1) On 9-24-15, Utilization Review noncertified a request for Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2%, Lidocaine 5% #1, Lidocaine 5% #1 and Duexis 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2%, Lidocaine 5% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: Per MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Per MTUS CPMTG p113, "There is no evidence for use of any other muscle relaxant as a topical product. [besides Baclofen, which is also not recommended]" Cyclobenzaprine is not indicated. Per MTUS p113 with regard to topical Baclofen, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical Baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Baclofen is not indicated. Regarding topical lidocaine, MTUS states (p112) "Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)." Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As several components are not recommended, the compound is not medically necessary.

Duexis 800 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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), Duexis.

Decision rationale: The MTUS is silent on the use of this medication. Per ODG TWC with regard to Duexis: "Not recommended as a first-line drug. Horizon Pharma recently announced the launch of Duexis, a combination of ibuprofen 800 mg and Famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. (FDA, 2012) Ibuprofen (e.g., Motrin, Advil) and Famotidine (eg, Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS. See NSAIDs, GI symptoms & cardiovascular risk, where Proton pump inhibitors (PPIs) are recommended. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy." The documentation submitted for review does not support the use of a histamine-2 blocker. Duexis is not recommended as a first-line treatment. There was no documentation of failure of trial of first line NSAIDs and PPIs. The combination medication prescribed is not reasonable unless there has been intolerance to the medications taken separately or if there is some contraindication for their use as separate medications, which has not been noted. The request is not medically necessary.