MAXIMUS Federal Services

Case Number:	CM15-0202796		
Date Assigned:	10/20/2015	Date of Injury:	05/11/2012
Decision Date:	12/29/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/15/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female who sustained an industrial injury on 05-11-2012. Medical records indicated the worker was treated for right carpal tunnel. Treatment to date has included medications, activity modification bilateral hand injections, right carpal tunnel release 12-14-2012 and repeat right carpal tunnel release 05-23-2013 with left carpal tunnel release, 08-14-2013, physical therapy, acupuncture, and psychiatric treatment. The worker is authorized for surgery for the left hand scheduled 09-21-2015. In the examination 09-18-2015, she has complaints of numbness of all the fingers of both hands-fingers and wrists, pain bilaterally in the arms, left greater than right, pain at the base of both thumbs, and pain in both hands and wrists. No present objective findings are documented. A request for authorization was submitted for: 1. Keflex (Cephalexin) 500mg #30. 2. Tylenol #3 (APAP/Codeine) 300/30mg #90. 3. Cyclobenzaprine (Fexmid) 7.5mg TID #90 with 1 refill. 4. Eszopiclone (Lunesta) 1mg #30 with 1 refill. 5. Pantoprazole Sodium (Protonix) 20mg #30 with 1 refill. 6. Zofran (Ondansetron ODT) 8mg #10. 7. Scar Cream. 8. Transdermal Compound Cream. 9. Compound cream for general joint and muscular pain. 10. Compound cream for neuropathic pain. A utilization review decision 09/30/2015 Non-approved: Keflex (Cephalexin) 500mg #30, Tylenol #3 (APAP/Codeine) 300/30mg #90, Cyclobenzaprine (Fexmid) 7.5mg TID #90 with 1 refill, Pantoprazole Sodium (Protonix) 20mg #30 with 1 refill, Zofran (Ondansetron ODT) 8mg #10, Scar Cream, Transdermal Compound Cream, Compound cream for general joint and muscular pain, Compound cream for neuropathic Pain. And modified: Eszopiclone (Lunesta) 1mg #30 with 1 refill. Approving Eszopiclone (Lunesta) 1mg #30 with NO refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex (Cephalexin) 500mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheeless' Textbook of Orthopedics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical practice guidelines for antimicrobial prophylaxis in surgery. Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. AM J Health Syst Pharm. 2013 Feb 1; 70 (3): 195-283.

Decision rationale: According to "Clinical practice guidelines for antimicrobial prophylaxis in surgery." Antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. The request does not coincide with the guidelines used. Furthermore, it is unclear if this request is a duplicate or not. The recommendation is for not medically necessary.

Tylenol #3 (APAP/Codeine) 300/30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids (updated 9/8/15).

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

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Tylenol #3, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting improvement in participation of activities of daily living, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment, and discussion of monitoring for aberrant drug taking behavior (the 4 A's - Analgesia, Activities of Daily Living, Aberrant drug taking behavior, Adverse side effects). There is no mention within the records of significant pain reduction using Tylenol #3, nor is there a recent mention of improved function or ability to participate in activities of daily living. As such, this request is not medically necessary.

Cyclobenzaprine (Fexmid) 7.5mg TID #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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the California MTUS Chronic Pain Guidelines, in regards to Flexeril it is stated that "this medication is not recommended to be used for longer than 2-3 weeks." Flexeril is a CNS depressant and skeletal muscle relaxant. CA MTUS Chronic Pain Treatment Guidelines note that long-term use of muscle relaxants is not recommended. It is associated with mental and physical impaired abilities and has limited efficacy. There are no extenuating circumstances within the records submitted to justify use of this agent. As such, this request is not medically necessary.

Eszopiclone (Lunesta) 1mg #30 with 1 refill: 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 Chapter, (updated 9/8/15), Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Insomnia, Lunesta.

Decision rationale: California MTUS do not address Lunesta. The ODG state Lunesta is utilized as a treatment of insomnia, and is noted to demonstrate reduced sleep latency and sleep maintenance and is the only FDA-approved benzodiazepine receptor antagonist approved for use longer than 35 days. There is no mention of failure to sleep hygiene and other first line non-pharmacologic measures to treat insomnia. There is noted treatment with Lunesta dating back to at least September 2015 with no mention of the drug's efficacy. As such, this request is not medically necessary.

Pantoprazole Sodium (Protonix) 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Proton Pump Inhibitors (PPIs).

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). Those on NSAIDs at high risk for GI events

should be considered for antacid therapy. Factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. There is no mention if significant risk for GI events, or NSAID related dyspepsia in recent physician notes to warrant use of PPI agent such as Pantoprazole. As such, the request is not medically necessary.

Zofran (Ondansetron ODT) 8mg #10: 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 Chapter, Anti-emetics for opioid nausea (updated 9/8/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zofran.

Decision rationale: California MTUS does not specifically address Zofran. Per ODG, "Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment." Recent physician progress notes do not note significant nausea. In fact, nausea is left unchecked in the ROS portion of recent progress notes. There is no mention of Zofran effectively treating complaints of nausea. This request is not medically necessary.

Scar Cream: 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 guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. This request is for a scar cream, to likely aid in the incisional healing process status post surgery. However, there is no mention of the ingredients contained in this cream, and no clear rationale is documented by the treating physician. It is only noted, the scar cream is needed "for after surgery." As such, this request is not medically necessary.

Transdermal Compound Cream: 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 guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. The topical compound requested does not have any ingredients listed. Therefore, this request cannot be considered as necessary and will be not medically necessary.

Compound cream for general joint and muscular pain: 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 guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. The topical compound requested contains ingredients such as Flurbiprofen (an NSAID) and Baclofen; which is not supported by the MTUS. This renders the request as a whole as not medically necessary.

Compound cream for neuropathic pain: 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 guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. The topical compound requested contains ingredients such as Gabapentin and Amitriptyline; both of which are not supported by the MTUS. This renders the request as a whole as not medically necessary.