

Case Number:	CM15-0206634		
Date Assigned:	10/23/2015	Date of Injury:	11/14/2013
Decision Date:	12/22/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/21/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 37 year old female who sustained an industrial injury on 11-14-13. She is not working (5-20-15). The medical records indicate that the injured worker was being treated for cervical spine strain; cervical degenerative disc disease; cervical myofascial pain; contusion left upper extremity; left shoulder tendinopathy. She currently (9-22-15) on physical exam, has slightly decreased cervical lordosis, tenderness to palpation with taut bands in the area of the levator and rhomboid, grossly normal range of motion for neck flexion and extension. She gets some nausea and upset stomach from non-steroidal anti-inflammatories (per 9-22-15 note). The 9-30-15 progress note indicates decreased range of motion of the left shoulder. In the 8-11-15 progress note, she complained of upper extremity cervical myofascial pain in the left side more than the right. She has difficulty sleeping due to neck and back pain (7-16-15). Her pain level was 7 out of 10 at its worst and 3 out of 10 at the least. She experiences pain with most activities (7-16-15). Diagnostics included MRI arthrogram (6-2014) showing mild impingement and tendinopathy of the left supraspinatus. She had several x-rays and MRI's of the shoulder and elbow between 2013 and 2014. A cervical MRI (4-1-15) was normal. Treatments to date include medication: cyclobenzaprine, Lunesta, gabapentin (since at least 9-22-15), omeprazole (since at least 6-23-15), cyclobenzaprine and ibuprofen based creams (since at least 6-23-15), Tylenol, tramadol; home exercise program; prior injections to left shoulder without improvement (9-30-15); brace; therapy; modified duty; physical therapy. The request for authorization dated 9-23-15 was for cyclobenzaprine and gabapentin cream 30 grams, 1 bottle; flurbiprofen cream 30 grams; omeprazole 20mg #60 2 bottles; gabapentin 600mg #60, 2 bottles. On 9-30-15 Utilization

Review non-certified the requests for cyclobenzaprine and gabapentin cream 30 grams, 1 bottle; flurbiprofen cream 30 grams; omeprazole 20mg #60 2 bottles; gabapentin 600mg #60, 2 bottles, modified to #14 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine and Gabapentin cream qid one bottle 30g: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic cream contains: Cyclobenzaprine and Gabapentin. Cyclobenzaprine is not FDA approved for use as a topical application. There is no evidence for the use of any muscle relaxant as a topical agent. In addition, Gabapentin is not recommended as a topical agent per CA MTUS Guidelines. There is no peer-reviewed literature to support its use. Medical necessity for the requested topical analgesic cream has not been established. The request for the compounded topical analgesic cream is not medically necessary.

Flurbiprofen cream qid 30g: 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: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (for example including, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics and/or antidepressants). Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic is Flurbiprofen

cream. Flurbiprofen, used as a topical NSAID, has been shown to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Omeprazole 20mg 1-2qpm #50, 2 bottles: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

Gabapentin 600mg 1-2qpm #50, 2 bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neurontin (Gabapentin).

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. The records documented that the patient has neuropathic pain related to his chronic low back condition. In this case, there was no documentation of subjective or objective findings consistent with current neuropathic pain to necessitate use of Neurontin. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.