

Case Number:	CM15-0026767		
Date Assigned:	02/19/2015	Date of Injury:	04/26/2002
Decision Date:	04/08/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/12/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 is a 58-year-old female who has reported shoulder and upper extremity symptoms after an injury on April 26, 2002. The diagnoses have included right carpal tunnel syndrome, right shoulder impingement syndrome, right lateral epicondylitis and right ulnar nerve entrapment. Treatment during 2014 has included periodic medication dispensing by the primary treating physician. The treating physician reports in 2014 reflect ongoing shoulder and extremity symptoms, "temporarily totally disabled" work status, and ongoing dispensing of the medications now under Independent Medical Review. None of the reports provide patient-specific information regarding the indications, use, and results for any of the medications. Per the PR2 of 12/29/14, there was ongoing shoulder pain and hand paresthesia. Medications were Fexmid, Maxalt, Nalfon, Prilosec, Ultram, and a topical compound. Work status was "temporarily totally disabled". The same medications were dispensed. On January 15, 2015, Utilization Review non-certified Maxalt (Rizatriptan Benzoate) 5mg #18, Nalfon (Fenoprofen) 400mg #90, Prilosec (Omeprazole DR) 20mg #90 and CPD topical cream (Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375%), citing the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines. Utilization Review modified a request for Fexmid (Cyclobenzaprine) 7.5mg #120 to #20, citing the Chronic Pain Medical Treatment Guidelines. Utilization Review modified a request for Norco 10/325mg #120 to #60, citing the Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5mg, 1 tab twice a day, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Treatment in this case is for shoulder and extremity pain, which are not indications for a muscle relaxant. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not a short period of use for acute pain. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Maxalt (Rizatriptan Benzoate) 5mg, 1 tablet, #18: 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), triptans.

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

Decision rationale: The treating physician has provided no information about headaches in the reports. There is no account of the specific symptoms, pattern of headaches, and response to any treatment. There is no evidence of any benefit, functional or symptomatic. The MTUS does not address therapy for migraines. Although triptans are an option for treatment of migraine headaches per the cited Official Disability Guidelines reference, in this case the treating physician has not provided sufficient clinical information to support the diagnosis and treatment. This medication is therefore not medically necessary.

Nalfon (Fenoprofen) 400mg capsule, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; NSAIDs for Back Pain - Acute exacerbations of chronic pain; Back Pain - Chronic low back pain; NSAIDs, specific drug list & adverse effects Page(s): 60; 68; 68; 70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. No reports address this medication. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The treating physician has been dispensing large quantities of NSAIDs chronically, which is counter to the recommendations of the MTUS for treatment of back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. These requirements are not met in this case. Fenopropfen is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Prilosec (Omeprazole DR) 20mg, 1 capsule twice a day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which describe the relevant signs and symptoms of possible gastrointestinal disease, the indications for this medication in this injured worker. There is no examination of the abdomen. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

Norco 10/325mg, 1 tab every 4 hours as needed, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81; 94; 80; 81; 60.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The injured worker has also been prescribed tramadol, another opioid medication. None of the reports discuss Norco. The prescribing physician describes this patient as "temporarily totally disabled", which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

CPD topical cream: Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaisin 0.0375%:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60; 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up-to-date: camphor and menthol: drug information. In Up-to-date, edited by Ted W. Post, published by Up-to-date in Waltham, MA, 2015.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS, topical NSAIDs for short-term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for shoulder or axial pain. The treating physician did not provide any indications or body part intended for this NSAID. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the

indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. The MTUS and ODG are silent with regard to menthol and camphor. They may be used for relief of dry, itchy skin. These agents carry warnings that they may cause serious burns. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, and lack of FDA approval.