

Case Number:	CM15-0211271		
Date Assigned:	10/30/2015	Date of Injury:	03/30/2010
Decision Date:	12/11/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/27/2015

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: Massachusetts

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:

This 56 year old female sustained an industrial injury on 3-30-10. Documentation indicated that the injured worker was receiving treatment for lumbar spine sprain and strain with radiculopathy, carpal tunnel syndrome, bilateral wrist flexor tendonitis, left elbow contusion and a coccyx fracture. Previous treatment included injections, bracing and medication management. In a PR- 2 dated 8-24-15, the injured worker complained of ongoing low back pain. The injured worker reported that her tailbone pain had increased. Gastrointestinal complaints were not mentioned in subjective complaints or objective findings. Physical exam was remarkable for lumbar spine range of motion: flexion 50, extension 15 degrees and bilateral lateral bend 21 to 24 degrees, positive bilateral straight leg raise. The treatment plan included increasing home activity level, trying pool exercise, trying Gabapentin and continuing medications (Ibuprofen, Tramadol, Omeprazole, Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% and Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025%). On 9-29-15, Utilization Review noncertified a request for Omeprazole 20mg #60, Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% and Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1%: 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: The claimant sustained a cumulative trauma work injury with date of injury in March 2010 while working as a Clerk. She has a past medical history of hypertension and elevated cholesterol. When seen she was having low back and tailbone pain which had decreased. Physical examination findings included decreased lumbar range of motion with positive straight leg raising. Recommendations included home exercise and consideration of a pool. Gabapentin was prescribed. Topical medications were continued. Ibuprofen was being prescribed. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. The claimant has not had a trial of topical diclofenac and continues to take oral ibuprofen. Prescribing two NSAID medications is duplicative. This medication is not medically necessary.

Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025%: 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: The claimant sustained a cumulative trauma work injury with date of injury in March 2010 while working as a Clerk. She has a past medical history of hypertension and elevated cholesterol. When seen she was having low back and tailbone pain which had decreased. Physical examination findings included decreased lumbar range of motion with positive straight leg raising. Recommendations included home exercise and consideration of a pool. Gabapentin was prescribed. Topical medications were continued. Ibuprofen was being prescribed. In terms of topical treatments, cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.

Omeprazole 20mg #60: 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 rationale: The claimant sustained a cumulative trauma work injury with date of injury in March 2010 while working as a Clerk. She has a past medical history of hypertension and elevated cholesterol. When seen she was having low back and tailbone pain which had decreased. Physical examination findings included decreased lumbar range of motion with positive straight leg raising. Recommendations included home exercise and consideration of a pool. Gabapentin was prescribed. Topical medications were continued. Ibuprofen was being prescribed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as omeprazole is not medically necessary.