MAXIMUS Federal Services

Case Number:	CM15-0036051		
Date Assigned:	03/04/2015	Date of Injury:	07/13/2010
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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
Certification(s)/Specialty: Family Practice

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 38 year old female, who sustained an industrial injury on 7/13/2010. Diagnostic studies to date has included x-rays of bilateral shoulders, bilateral humerus, and cervical spine (no date); electrodiagnostic studies upper extremities (9/27/12). She is diagnosed with cervical disc herniation, left shoulder impingement and rotator cuff tear, lateral epicondylitis status post release, bilateral wrist de Quervain's and status post trigger finger release long finger. The injured worker was evaluated on 1/8/25 at which time it is noted that left shoulder arthroscopy is awaited. Hydrocodone/APAP, cyclobenzaprine, Diclofenac sodium ER 100 mg #60, Tramadol and Pantoprazole #60 were dispensed. Gabapentin/ Pyridoxline 250/10mg #60, and Omeprazole/Flurbiprofen 10/100mg capsules #60, and Flurbiprofen/ Cyclobenzaprine/Menthol 20%/10%/14% cream 180mg for pain, and Orphenadrine/Caffeine 50/10mg capsules #60 were prescribed. On 1/27/15 Utilization Review non-certified Gabapentin/ Pyridoxline 250/10mg #60, and Omeprazole/Flurbiprofen 10/100mg capsules #60, and Flurbiprofen/Cyclobenzaprine/Menthol 20%/10%/14% cream 180mg for pain, and Orphenadrine/Caffeine 50/10mg capsules #60. The MTUS Guidelines were cited.On 2/25/15, the injured worker submitted an application for IMR for review of Gabapentin/ Pyridoxline 250/10mg #60, and Omeprazole/Flurbiprofen 10/100mg capsules #60, and Flurbiprofen/ Cyclobenzaprine/Menthol 20%/10%/14% cream 180mg for pain, and Orphenadrine/Caffeine 50/10mg capsules #60. The diagnoses have other affections of shoulder region ; other synovitis and tenosynovitis; other tenosynovitis or hand and wrist; displacement of cervical intervertebral disc without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/ Pyridoxline 250/10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition, Chapter: Pain (Chronic) (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, B vitamins & vitamin B complex.

Decision rationale: According to the MTUS guidelines, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. According to ODG, B vitamins are not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. In this case, the injured worker is diagnosed with cervical disc herniation, left shoulder impingement and rotator cuff tear, lateral epicondylitis status post release, bilateral wrist de Quervain's and status post trigger finger release long finger. There is no evidence of neuropathic pain to support Gabapentin, and there is no evidence of Vitamin B deficiency to support Pyridoxine. As noted by ODG, Vitamin B is not supported for the treatment of chronic pain. The request for Gabapentin/ Pyridoxline 250/10mg #60 is not medically necessary.

Omeprazole/Flurbiprofen 10/100mg capsules #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition, Chapter: Pain (Chronic) (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk ,Anti-inflammatory medications Page(s): 68-69, 21-22.

Decision rationale: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the patient is noted to be a 38 years old and there is no indication of history of peptic ulcer, G.I. bleeding or perforation. According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker was also dispensed Diclofenac which is also an anti-inflammatory medication. Fluriprofen is also an anti-inflammatory medications and the utilization of two different medications in the same class is not supported. The request for Omeprazole/Flurbiprofen 10/100mg capsules #60 is not medically necessary.

Flurbiprofen/Cyclobenzaprine/Menthol 20%/10%/14% cream 180mg for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition, Chapter: Pain (Chronic) (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state topical non-steroidal anti-inflammatory medications are to be used only for short term and muscle relaxants are not recommended in a topical formulation. Furthermore, cyclobenzaprine was dispensed in an oral formulation on the same day that topical compound containing cyclobenzaprine was prescribed. The request for Flurbiprofen/Cyclobenzaprine/Menthol 20%/10%/14% cream 180mg for pain is not medically necessary.

Orphenadrine/Caffeine 50/10mg capsules #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition, Chapter: Pain (Chronic) (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: According to the MTUS guidelines, muscle relaxants are not supported for chronic use. While a short course of muscle relaxants is supported for acute injuries or exacerbations, the long term use of this medication is not supported. In this case, the injured worker is in the chronic phase of injury. Furthermore, the injured worker was dispensed another medication (cyclobenzaprine) in the same class. The request for Orphenadrine/Caffeine 50/10mg capsules #60 is not medically necessary.