

Case Number:	CM15-0052921		
Date Assigned:	03/26/2015	Date of Injury:	01/08/2015
Decision Date:	05/13/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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: 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 53-year-old female who reported injury on 12/01/2013 & 01/08/2015. The mechanism of injury was cumulative trauma. The documentation of 02/10/2015 revealed the injured worker had neck pain and bilateral shoulder pain. The surgeries include carpal tunnel syndrome, left shoulder surgery, and nasal polyp surgery. The medications included Ambien 5 mg once at bedtime, Flonase 50 mcg 2 sprays 2 times a day, naproxen sodium 550 mg 2 times a day, omeprazole 20 mg 1 a day, and Robaxin 500 mg 3 times a day. The physical examination revealed decreased range of motion of the cervical spine. The injured worker had tenderness in the left acromioclavicular joint, subdeltoid bursa, biceps tendon, glenohumeral joint, and sternoclavicular joint. The injured worker had abnormal testing of the shoulder shrug, levator trapezius, resisted abduction, deltoid, elbow flexion, biceps, elbow extension, triceps, wrist extension and adduction, wrist flexion and abduction, finger extension, flexion, and finger abduction. The injured worker's reflexes on the left were +1 in the brachioradialis, biceps, and triceps. The injured worker had normal sensation to pinprick at L3-S1. The injured worker had decreased range of motion of the lumbosacral spine. The diagnoses included cervical radiculopathy, rule out herniated cervical disc; muscle spasm; anxiety, depression, and insomnia; asthma; and gastroesophageal reflux. The injured worker was noted to have signed an opioid agreement, and would undergo random urine drug screens. The pain was noted to be suboptimally controlled with current medications, and there would be a modification of medications, including a prescription for naproxen, Robaxin, Ambien, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide the rationale for the test. However, there was a lack of documentation indicating the injured worker was on controlled substances that would require the need for a urine toxicology screen. Given the above, the request for urine toxicology test is not medically necessary.

Robaxin 500mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had previously utilized the medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Robaxin 500 mg #90 is not medically necessary.

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The

clinical documentation submitted for review indicated the injured worker had utilized the medication previously. There was a lack of documentation of an objective decrease in pain and objective functional improvement with the use of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for naproxen sodium 550 mg #60 is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had gastroesophageal reflux. However, the efficacy of the requested medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole 20 mg #30 is not medically necessary.

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines indicate that Zolpidem (Ambien) is recommended for the short term treatment of insomnia for up to 10 days. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement and documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien 5 mg #30 is not medically necessary.

Ketoprofen 15%/Lidocaine 5%/Baclofen 5%/Cyclobenzaprine 2% #240gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical Analgesics, Lidocaine, Ketoprofen, Baclofen Page(s): 41, 111, 112, 113.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Ketoprofen is not currently FDA approved for a topical application. The guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to provide the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors. There was a lack of documentation indicating a necessity for both a topical and oral application of NSAIDs. The request as submitted failed to indicate the body part to be treated and the specific frequency. Given the above the request for Ketoprofen 15%/Lidocaine 5%/Baclofen 5%/Cyclobenzaprine 2% #240 gm is not medically necessary.

Topical Cream: Flurbiprofen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Flurbiprofen Page(s): 111, 72.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Topical Flurbiprofen, FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The clinical documentation submitted for review failed to provide documentation to support the necessity for both topical and oral forms of the medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency, quantity, and body part to be treated. There was a lack of documentation indicating a necessity for both the topical and oral form of NSAIDs. Given the above, the request for topical cream Flurbiprofen is not medically necessary.