MAXIMUS Federal Services

Case Number:	CM15-0063805		
Date Assigned:	04/21/2015	Date of Injury:	02/07/2010
Decision Date:	07/02/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 48-year-old male, who sustained an industrial injury on 2/07/2010. Diagnoses include right shoulder rotator cuff syndrome, status post right shoulder surgery (3/23/2013) with tenderness, right frozen shoulder/adhesive capsulitis, status post right carpal tunnel release surgery, status post left knee surgery secondary osteoarthritis, left knee end stage osteoarthritis, knee medial meniscus tear, right knee internal derangement and insomnia. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), surgical interventions (right shoulder rotator cuff repair 3/23/2012, left knee surgery 11/30/2012 and right wrist carpal tunnel release on 6/08/2012), oral medications and topical creams. Per the most recent submitted Primary Treating Physician's Progress Report dated 11/04/2013, the injured worker reported pain in the neck, right wrist and right knee. He also reported right shoulder pain rated as 6/10 and left knee pain rated as 6/10. Physical examination of the right shoulder revealed restricted range of motion. Right wrist grip strength was decreased compared to the left. Motor strength was decreased in the right upper extremity compared to the left. There was medial joint line tenderness and positive crepitus and patellofemoral grind test is noted in the left knee. Tenderness was also noted in the right knee. There was decreased flexion of the knees bilaterally. The plan of care included medications. Authorization was requested for Ibuprofen, Prilosec, Lidoderm patches and compound cream: Flurbiprofen/Baclofen/ Dexamethasone/Menthol/Camphor/Capsaicin/Hyaluronic acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Omeprazole (Prilosec) is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 1) age > 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). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.

Flurbiprofen 20%/Baclofen 2%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.0375%/Hyaluronic Acid 0/2%, 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Flurbiprofen 20%/Baclofen 2%/ Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.0375%/Hyaluronic Acid 0/2% in this injured worker, the records do not provide clinical evidence to support medical necessity.

Lidoderm patches, 45 count with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57 and 112.

Decision rationale: Per the guidelines topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is FDA approved only for post-herpetic neuralgia and the worker does not have that diagnosis. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker.

Referral to orthopedic: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-339.

Decision rationale: This injured worker was denied a request for an orthopedic evaluation. There are no red flag symptoms or signs which would be indications for immediate referral and other modalities of conservative therapy could be trialed prior to surgical referral. In this injured worker, the medical records do not support the medical necessity of an orthopedic referral.

Home interferential unit for sixty-days' rental, initial trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117.

Decision rationale: Per the guidelines, a TENS or inferential unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit is not substantiated.