

Case Number:	CM15-0080374		
Date Assigned:	05/01/2015	Date of Injury:	12/20/2007
Decision Date:	06/17/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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 63 year old woman sustained an industrial injury on 12/20/2007. The mechanism of injury is not detailed. Diagnoses include lumbar spine disc herniations with grade II-III spondylolisthesis with spondylosis and radiculopathy, and right shoulder sprain/strain with impingement. Treatment has included medications. Medications in November 2014 included lidocaine patches. Physician notes dated 3/13/2015 show complaints of persistent right shoulder and low back pain with radiation to the bilateral lower extremities. Examination showed tenderness at the right parascapular area with muscle guarding, restricted range of motion of the lumbar spine with tenderness in the paralumbar region with muscle guarding and straight leg raising positive bilaterally. Recommendations include corticosteroid injection to the right shoulder, physical therapy, low back brace, Anaprox, Prilosec to protect gastric mucosa, Lidocaine patches, two topical creams, and follow up as needed. Work status was noted as under future medical care/permanent and stationary/permanent partial disability. On 4/6/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #240: 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): 67-73.

Decision rationale: This injured worker has chronic back and shoulder pain. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic 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 noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. The number prescribed is consistent with chronic use, not a short term of treatment. Systemic toxicity is possible with NSAIDs. The treating physician is prescribing oral NSAIDS and two different transdermal NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. Due to quantity prescribed inconsistent with the guideline recommendation for short-term use, and potential for toxicity in combination with topical NSAIDS, the request for anaprox is not medically necessary.

Prilosec 20mg #120: 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, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed anaprox, a non-steroidal anti-inflammatory medication (NSAID), and prilosec, a proton pump inhibitor (PPI). The documentation indicates that prilosec was prescribed to protect the gastric mucosa. Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. There was no documentation of any GI signs or symptoms. Due to lack of specific indication, the request for prilosec is not medically necessary.

Lidocaine patch #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 topical analgesics Page(s): 111-113.

Decision rationale: This injured worker has chronic back and shoulder pain. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or Lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The MTUS recommends against Lidoderm for low back pain (which was present for this injured worker) or osteoarthritis. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that the injured worker has failed the recommended oral medications. As such, the request for Lidocaine patch #90 is not medically necessary.

Lido keto cream with Flexeril #120gm: 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 p. 60, topical analgesics p. 111-113, Postsurgical Treatment Guidelines.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. 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. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Non-dermal patch forms are generally indicated as local anesthetics or anti-pruritics. Ketoprofen, a nonsteroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. It has a high incidence of photocontact dermatitis. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder, and topical NSAIDs are not recommended for neuropathic pain. This injured worker was noted to have spine and shoulder pain. As topical ketoprofen is not FDA approved, it is therefore not medically necessary. The treating physician is prescribing oral NSAIDs and two different transdermal NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed

systemically. Cyclobenzaprine (flexeril) is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. As multiple drugs in this compounded topical medication are not recommended, the compound is not recommended. As such, the request for Lido keto cream with Flexeril #120gm is not medically necessary.

Flurbiprofen 10%, Capsaicin 0.25%, Menthol 2%, Camphor 1%, cream #120gm: 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 p. 60, topical analgesics p. 111-113. Decision based on Non-MTUS Citation Uptodate: camphor and menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. 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. Flurbiprofen is a nonsteroidal anti-inflammatory drug (NSAID). Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. This injured worker was noted to have spine and shoulder pain. Topical nonsteroidals are not recommended for neuropathic pain. 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. The treating physician is prescribing oral NSAIDs and two different transdermal NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. Capsaicin has some indications, in the standard formulations readily available without custom compounding. The MTUS also states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of conventional treatments. It may be used for treatment of osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in high doses. 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. As multiple drugs in this compounded topical medication are not recommended, the compound is not recommended. As such, the request for Flurbiprofen 10%, Capsaicin 0.25%, Menthol 2%, Camphor 1%, cream #120gm is not medically necessary.