

Case Number:	CM15-0080447		
Date Assigned:	05/01/2015	Date of Injury:	12/30/2013
Decision Date:	06/25/2015	UR Denial Date:	04/14/2015
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: New York
Certification(s)/Specialty: Anesthesiology

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 male, who sustained an industrial injury on 12/30/2013. According to a progress report dated 03/18/2015, the injured worker was doing slightly better and was approaching maximum medical improvement. Physical examination demonstrated mild distress and tenderness about his left knee. The provider attempted to return the injured worker to work without restrictions without success. He felt that it was necessary for the injured worker to undergo a Functional Capacity Evaluation. Prescriptions were given for Orphenadrine / Caffeine, Kera Tek Gel, Gabapentin / Pyridoxine, Flurbiprofen / Omeprazole and Flurbiprofen / Cyclobenzaprine / Mentherm Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 50mg/Caffeine 10mg, take one capsule 2-3 times daily as needed for muscle spasm, Qty 60, No Refills (Prescribed 3-18-15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Compound drugs.

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

Decision rationale: According to the ODG, Orphenadrine (Norflex) is a muscle relaxant similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. According to CA MTUS guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory drugs (NSAIDs) alone, and are not recommended for the long-term use of chronic pain. In this case, the patient has been prescribed NSAIDs for breakthrough pain. Based on the currently available information, the medical necessity for Orphenadrine has not been established. Therefore, the requested compound medication, Orphenadrine 50mg / Caffeine 10mg, is not medically necessary.

Kera Tek Gel, apply 1-2 grams 2-3 times per day or as directed, Qty 113, No Refills (Prescribed 3-18-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. Keratek contains menthol and methyl salicylate. The patient has nociceptive pain rather than neuropathic pain and there is no documentation of inability to use an oral agent. In addition, the same ingredients are available in an OTC topical medication, which has not been tried prior to this topical medication. Medical necessity for the requested topical analgesic has not been established. The requested topical gel is not medically necessary.

Gabapentin/Pyridoxine 250 mg/10 mg, take 2 capsules 2 times daily, Qty 120, No Refills (Prescribed 3-18-15): 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 Gabapentin Page(s): 17-19.

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. The records documented that the patient has neuropathic pain related to his chronic low back condition. In this case, there was no documentation of subjective or objective findings consistent with current neuropathic pain to necessitate use of Neurontin. Medical necessity for Neurontin has not been established. Therefore, the requested compound medication, Gabapentin / Pyridoxine, is not medically necessary.

Flurb/Omeprazole 100/10 mg, take one capsule 2-3 times daily as directed for pain/inflammation, Qty 60, No Refills (Prescribed 3-18-15): 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/PPIs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Flurbiprofen (An NSAID) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. Flurbiprofen oral will increase the level or effect of omeprazole oral by altering drug metabolism. Medical necessity for Flurb/Omeprazole has not been established. The requested medication is not medically necessary.

Flurb/Cyclo/Menth Cream 20%/10/4%, apply 1-2 grams 2-3 times per day or as directed, Qty 180 gm, No Refills (Prescribed 3-18-15): 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: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. The requested topical analgesic compound for this patient contains Flurbiprofen, Cyclobenzaprine and Menthol. The MTUS guidelines state that Flurbiprofen, and/or muscle relaxants are not recommended for topical applications. Cyclobenzaprine is not FDA approved for use as a topical application. Medical necessity for the requested topical analgesic compounded medication has not been established. The requested topical compound is not medically necessary.