

Case Number:	CM14-0146569		
Date Assigned:	09/12/2014	Date of Injury:	05/14/2004
Decision Date:	11/10/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old female with a reported date of injury on 05/14/2004. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include carpal tunnel syndrome, rotator cuff injury, shoulder joint pain, ulnar nerve lesion and tenosynovitis of the hand and wrist. Her previous treatments were noted to include physical therapy, heat/ice and medications. The progress note dated 07/31/2014, revealed complaints of pain to the right hand rated 5/10. The physical examination revealed symptomatic symptoms to the right hand that consisted of swelling with burning and weakness. The injured worker reported she was waiting for bilateral knee and feet authorizations. The provider indicated x-rays were taken of the right hand and right wrist and showed no progression of degenerative changes. The Request for Authorization form was not submitted within the medical records. The request was for Orphenadrine/caffeine 5/10 mg capsules #60, Flurbiprofen 20%, cyclobenzaprine 10%, menthol cream 4%, Keratek gel #4 ounce, Hydrocodone 10 mg/APAP 300 mg/Ondansetron 2 mg #40, Gabapentin 250 mg/Pyridoxine 10 mg #60; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine/caffeine 5/10 mg capsule # 60: Upheld

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

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

Decision rationale: The request for Orphendrine/caffeine 5/10 mg capsule # 60 is not medically necessary. The injured worker complains of bilateral hand and wrist pain. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. There is a lack of documentation regarding efficacy and objective functional improvement for the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Flurbiprofen 20%, Cyclobenzaprine 10% ,Menthol cream 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Cyclobenzaprine Page(s): 72, 111, 41.

Decision rationale: The request for Flurbiprofen 20%, Cyclobenzaprine 10% ,Menthol cream 4% is not medically necessary. The injured worker complains of bilateral hand and wrist pain. The California Chronic Pain Medical Treatment Guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contain at least 1 drug (or drug class) that is not recommended, is not recommended. 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. Flurbiprofen is classified as a nonsteroidal anti-inflammatory agent. This agent is not currently FDA approved for topical application. The FDA approved route of administration for Flurbiprofen include oral tablets and ophthalmologic solution. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use in any other muscle relaxant as a topical product. The addition of Cyclobenzaprine to other agents is not recommended. The guidelines state any compounded product that contain at least 1 drug that is not recommended, is not recommended, and Flurbiprofen and Cyclobenzaprine are not recommended as topical agents. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Keratek gel #4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates Page(s): 111, 105.

Decision rationale: The request for Keratek gel #4oz is not medically necessary. The injured worker complains of pain to the bilateral wrist and hands. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contain at least 1 drug (or drug class) that is not recommended, is not recommended. Topical salicylates are recommended by the guidelines. However, there is a lack of documentation regarding improved functional status and efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Hydrocodone 10mg / APAP 300mg /Ondansetron 2mg # 40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Pain, Anti-emetics (for opioid nausea).

Decision rationale: The request for Hydrocodone 10mg / APAP 300mg /Ondansetron 2mg # 40 is not medically necessary. The injured worker complains of pain to the bilateral wrist and hands. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is lack of documentation regarding improved functional status or activities of daily living with the use of these medications. There is lack of documentation regarding side effects and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects to diminish over days to weeks of continued exposure. The guidelines state Ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use and gastroenteritis. There is a lack of documentation regarding the efficacy of this medication or clinical findings to warrant Ondansetron. Additionally, the request failed to provide the frequency at which these medications are to be utilized. Therefore, the request is not medically necessary.

Gabapentin 250mg /Pyridoxine 10mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49. Decision based on Non-MTUS Citation Pyridoxine:MedlinePlus Drug Information.

Decision rationale: The request for Gabapentin 250 mg /Pyridoxine 10 mg # 60 is not medically necessary. The injured worker complains of pain to her bilateral wrist and hands. The California Chronic Pain Medical Treatment Guidelines state Gabapentin is antiepilepsy drug which has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. "Pyridoxine, vitamin B6, is required by your body for utilization of energy in the foods you eat, production of red blood cells, and proper functioning of nerves. It is used to treat and prevent vitamin B6 deficiency resulting from poor diet, certain medications, and some medical conditions." There is a lack of documentation regarding efficacy and improved functional status with the utilization of these medications. Additionally, the request failed to provide the frequency at which these medications are to be utilized. Therefore, the request is not medically necessary.