MAXIMUS Federal Services

Case Number:	CM14-0149002		
Date Assigned:	09/18/2014	Date of Injury:	09/06/2013
Decision Date:	11/19/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/12/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 48-year-old female who reported injury on 09/06/2013.Reportdley, the injured worker tripped and fell on a corner board sustaining injuries to her left shoulder, left forearm, and right knee. The injured worker's treatment history included physical therapy, urine drug screens, medications, magnetic resonance imaging (MRI) studies, and EMG/NCV studies. The injured worker was evaluated on 09/04/2014, and it was documented the injured worker complained of left arm, left shoulder, right leg, right knee, right hip, and right ankle pain. The injured worker rated her left arm pain at 5/10, with numbness, left shoulder 5/10, and right leg 8/10 that radiates to right knee to right hip with burning sensation and with pain. Right ankle pain 5/10 with swelling on and off. It was documented the medications in therapy help reduce pain temporarily. Objective findings revealed there was tenderness to the lumbar spine, decreased range of motion, positive for spasms right greater than left. There was tenderness to the right knee, decreased range of motion, apprehension test was positive. There was tenderness to the left shoulder, and decreased range of motion. Diagnoses included lumbar disc herniation, myospasm, right knee, and left shoulder tendonitis. Medications included topical compound creams and Omeprazole 20 mg, Cyclobenzaprine 7.5 mg, and Tramadol 150 mg. The injured worker had a urine drug screen on 08/07/2014 that was negative for tramadol. The Request for Authorization dated 09/04/2014 was for outpatient urinalysis for toxicology, MRI of the lumbar spine, right knee brace, topical creams, Omeprazole 20 mg, Cyclobenzaprine 7.5 mg, and Tramadol 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Topical compound creams: Flurbiprofen/ Capsaicin /Camphor 10 /0.025% / 2% /1% (120 gm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Topical Capsaicin, Topical Salicylates Page(s): 72, 111, 28, 1.

Decision rationale: The California MTUS indicates topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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 non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. 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... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments.... California MTUS guidelines recommend Topical Salicylates. Methyl Salicylate 4% is one of the ingredients of this compound. The request for pharmacy purchase of topical compound creams; flurbiprofen/capsaicin/camphor 10/0.025%/2%/1% (120 gm) is not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 10% / 3 /5% (120gm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG)

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

Decision rationale: California MTUS indicates 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. California MTUS guidelines 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... Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application. As such, the request for ketoprofen/cyclobenzaprine/lidocaine 10%/3/5% (120 gm) is not medically necessary.

Omeprazole 20 mg Qty#60: Upheld

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

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

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation provided did indicate that the injured worker was having gastrointestinal events. However, the request lacked the frequency of the medication for the injured worker. As such, the request for omeprazole 20 mg quantity, #60 is not medically necessary.

Cyclobenzaprine 7.5 Qty#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of outcome measurements of conservative care such as home exercise regimen and medication pain management. There was lack of documentation provided on her long term-goals. The request for Cyclobenzaprine 7.5, quantity #60 is not medically necessary.

Tramadol 150 mg Qty#60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Tramadol extended release 150mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that

criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was a lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. In addition, the request does not include the frequency. In addition, there was a lack of evidence of outcome measurements of conservative care such as physical therapy or home exercise regimen outcome improvements noted for the injured worker. The urine drug screen submitted that was negative for Tramadol usage. As such, the request for Tramadol 150 mg quantity #60 is not medically necessary.