

Case Number:	CM14-0157015		
Date Assigned:	09/29/2014	Date of Injury:	07/17/2012
Decision Date:	11/19/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 51 year-old female with date of injury 07/17/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/24/2014, lists subjective complaints as mild, occasionally moderate right arm pain that radiates to the right wrist. Objective findings: Examination of the upper right extremity revealed no instability, no laxity, no infection, no discharge, to erythema, and no sutures. There was no inflammation over the right wrist carpal bones. The injured worker has a well-healed surgical scar due to carpal tunnel release. Decreased grip strength is right hand. The injured worker limited range of motion secondary to pain. There was hypoesthesia over the right index and middle fingers. Diagnosis: Status post right wrist carpal tunnel release on 07/21/2013 2. Right wrist pain 3. Right, upper extremity neuropathy. The medical records supplied for review document that the patient has been taking Naproxen and Cyclobenzaprine for at least as far back as three months. The compound creams were not prescribed until the request for authorization on 04/24/2014. Medications:1. Naproxen 550mg, #602. Cyclobenzaprine 5mg, #303. Flurbiprofen 20%/Tramadol 20% in Mediderm base4. Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% in Mediderm base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg x60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Naproxen 550mg x60 is not medically necessary.

Cyclobenzaprine 5mg x30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine. The patient has been taking Cyclobenzaprine for at least 3 months, long past the 2-3 weeks recommended by the MTUS. Cyclobenzaprine 5mg x30 is not medically necessary.

Flurbiprofen 20%/Tramadol 20% in Mediderm base: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials for non-steroidal anti-inflammatory agents (NSAIDs) has been inconsistent and most studies are small and of short duration. 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. The compounded medication requested is not recommended by the MTUS; therefore, Flurbiprofen 20%/Tramadol 20% in Mediderm base is not medically necessary.

Gabapentin 10%/Amitriptyline 10%/ Dextromethorphan 10% in Mediderm base: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Gabapentin 10%/Amitriptyline 10%/ Dextromethorphan 10% in Mediderm base is not medically necessary.

UA toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that previous urine drug screen had been used for any of the above indications. UA toxicology is not medically necessary.