

Case Number:	CM14-0093166		
Date Assigned:	08/08/2014	Date of Injury:	11/26/2012
Decision Date:	09/16/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 & Rehabilitation 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:

The injured worker is a 56-year-old male with a reported date of injury on 11/26/2012. The mechanism of injury was noted to be from a fall. His diagnoses were noted to include status post right wrist fracture, carpal sprain/strain, hip sprain/stain, hip bursitis/tendonitis, ankle sprain/strain, insomnia and status post umbilical hernia repair. His previous treatments were noted to include surgery, physical therapy and medications. The progress note dated 05/22/2014 revealed the injured worker complained of right wrist pain rated 5/10 to 6/10, right hip pain rated 6/10, right ankle pain rated 8/10. The physical examination to the cervical spine revealed no paracervical tenderness or myospasm palpable and a full cervical range of motion. A physical examination of the wrist/hand revealed tenderness on palpation in the right wrist and decreased right wrist range of motion due to pain. Physical examination of the hip/thigh revealed tenderness to the right hip with reduced range of motion due to pain. Physical examination of the ankle/foot revealed tenderness on palpation to the right ankle with a decreased range of motion due to pain. The sensory examination was intact in the upper and lower extremities and motor strength was rated 5/5. The Request for Authorization form dated 06/05/2014 was for an MRI of the right wrist for persistent right wrist pain for more than 1 month despite conservative treatment, MRI of the right ankle due to persistent right ankle pain for more than 1 month despite conservative treatment, and chiropractic treatment and physical therapy, 8 visits of each, however the provider's rationale was not submitted within the medical records. The Request for Authorization form was not submitted within the medical records for the request of flurbiprofen 10%/capsaicin 0.05%/methol 5%/camphor 5% cream 180 gm, flurbiprofen 15%/gabapentin 6%/cylcobenzoprine 2%/baclofen 2%/lidocaine 5% cream 180 g, however the provider's rationale was not submitted within the medical records. The request was for Anaprox 550 mg for pain and inflammation, Protonix 20 mg as a prophylactic gastro protectant used in

conjunction with NSAIDs and other medications, and Terocin patches, 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:

Compounded cream Flurbiprofen 10%/Capsaicin 0.05%/Menthol 5%/Camphor 5%:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: The request for compounded cream flurbiprofen 10%/capsaicin 0.05%/menthol 5%/camphor 5% cream is not medically necessary. The injured worker complains of wrist, ankle, and hip pain. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines' state the efficacy in clinical trials for topical NSAIDs has been inconsistent, most studies are small and of short duration. Topical NSAIDs have shown a meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with the diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time and it was stated further research was needed to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of either effectiveness or safety. The guidelines' indications for topical NSAIDs is for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatments for short term use (4 to 12 weeks). The guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines' formulation of capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post herpetic neuralgia and diabetic neuropathy, and post mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication this increase over a 0.025% formulation would provide any further efficacy. The guidelines recommend topical NSAIDs and capsaicin for osteoarthritis which the injured worker does not have a diagnosis consistent with. The guidelines recommend a formulation of 0.025% Capsaicin and the request of capsaicin 0.05% exceeds guidelines recommendations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Anaprox 550mg: Upheld

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

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

Decision rationale: The request for Anaprox 550 mg is not medically necessary. The injured worker complains of wrist, hip, and ankle pain. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. The injured worker was utilizing Mobic prior to Anaprox and reported no benefit. The guidelines state there is no evidence to recommend 1 drug in this class over another based on efficacy and therefore NSAIDs had been attempted without benefit. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: The request for Protonix 20 mg is not medically necessary. The injured worker was utilizing this medication prophylactically for gastrointestinal upset with the utilization of NSAIDs. The California Chronic Pain Medical Treatment Guidelines state the physician should determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant or high dose/multiple NSAIDs. The previous request for Anaprox was non-certified and therefore Protonix is not warranted as a prophylactic medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Terocin patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for a Terocin patch is not medically necessary. The injured worker complained of wrist, hip and ankle pain. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines' indication for topical lidocaine is neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines do not recommend topical lidocaine for a non-neuropathic pain. Terocin consists of lidocaine and menthol and the guidelines state Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Additionally the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Chiro treatment 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation therapy and Manipulation Page(s): 58.

Decision rationale: The request for chiropractic treatment 2 times 4 is not medically necessary. The injured worker complained of wrist, hip and ankle pain. The California Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines do not recommend chiropractic care for ankle and foot, and forearm, wrist and hand. The guidelines recommend manual therapy for low back. There is a lack of documentation regarding measurable functional deficits to warrant manual therapy and the request failed to provide the body region to which this request was for. The documentation provided indicated the injured worker had decreased range of motion and pain to the wrist, hip and ankles which is not recommended for chiropractic treatment by the guidelines. Therefore, the request is not medically necessary.

Physical therapy 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request of physical therapy 2 times 4 is not medically necessary. The injured worker has received physical therapy postoperatively. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercises and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment progress in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Patient specific hand therapy is very important in reducing swelling, decreasing pain and improving range of motion in complex regional pain syndrome. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There is a lack of documentation regarding current measurable functional deficits and quantifiable objective functional improvements with previous physical therapy sessions. The request failed to provide the evaluation for which physical therapy is requested and documentation provided did not indicate which body region the physical therapy was applied. Therefore, the request is not medically necessary.

MRI Right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand chapter, MRI's (magnetic resonance imaging) section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for an MRI to the right wrist is non-certified. The injured worker complains of wrist pain with a decreased range of motion. The California MTUS/ACOEM Guidelines state, in cases of wrist injury with snuffbox (radial/dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnose a suspected fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following an injury. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The primary treating physician may refer for a local lidocain injection with or without corticosteroids. The guidelines state MRI can be used to identify and define infection in the forearm/wrist or hand. There is a lack of documentation regarding previous imaging studies such as plain films or reports submitted for review prior to consideration for imaging studies such as an MRI. There is a lack of documentation regarding red flags or neurological deficits to warrant an MRI of the wrist. Therefore, the request is not medically necessary.

Compounded creams Flurbiprofen15%/Gabapentin6%/Cyclobenzaprine2%/lidocaine 5%:
Upheld

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

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

Decision rationale: The request for compounded cream flurbiprofen 15%/gabapentin 6%/cyclobenzoprine 2%/baclofen 2%/lidocaine 5% is not medically necessary. The injured worker complained of wrist, hip and ankle pain. The California Chronic Pain Medical Treatment Guidelines primarily topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state the efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have shown a meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with the diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be used for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guidelines indication for topical NSAIDs is for osteoarthritis and tendonitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment for short term use (4 to 12 weeks). The guidelines do not recommend topical gabapentin as there is no peer reviewed literature to support use. The guidelines do not recommend topical muscle relaxants as there is no evidence for use as a topical product. The guidelines indication for topical lidocaine is for neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulation of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended, and gabapentin and cyclobenzoprine are not recommended in topical formulation. The guidelines state topical Lidoderm is designated for orphan status by the FDA for neuropathic pain in the Lidoderm patch formulation. The guidelines state that topical NSAIDs are recommended for osteoarthritis to which the injured worker does not have clinical findings consistent with that diagnosis. Additionally the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.