

Case Number:	CM14-0094522		
Date Assigned:	09/22/2014	Date of Injury:	07/05/2013
Decision Date:	10/21/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/20/2014

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 Family 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:

This is a 30-year-old female patient who reported an industrial injury on 7/5/2013, 15 months ago, attributed to the performance of her usual and customary job tasks. The patient complains of right knee pain with popping and locking. The patient is s/p right knee arthroscopy on 2/6/2014. The objective findings on examination included slow gait regarding with improved ambulation; slight edema over the knee; flexion as improved at 120/150 an extension euros/0; crepitus noted. The diagnosis was status post arthroscopy on 2/6/2014. The patient was prescribed Voltaren XR; Prilosec; and topical compounded creams x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis with Naproxen. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is documented to be taking NSAIDs-- Diclofenac. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. So, Prilosec is not medically necessary.

Flubiprofen cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines anti-inflammatory medications pages 22, 67-68; muscle relaxants page 63; topical analgesics pag. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-cyclobenzaprine; capsaicin; muscle relaxants; topical analgesics; topical analgesics compounded

Decision rationale: The prescription for the topical analgesic gel Flurbiprofen 20% 120 g is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with no assessment of functional improvement. The patient is stated to have reduced pain with the topical creams, however, there is no functional assessment, and no quantitative decrease in pain documented. The

use of topical NSAIDS is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDS. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical NSAID Flurbiprofen 20% gel 120 g is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain. The use of the topical gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Flurbiprofen 20% gel 120 g not supported by the applicable evidence-based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The prescription of Flurbiprofen 20% gel 120 g is not recommended by the CA MTUS, ACOEM guidelines, and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of for the treatment of chronic pain. The prescription for Flurbiprofen 20% gel 120 g is not medically necessary.

Ketoprofen/Ketamine cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines anti-inflammatory medications pages 22, 67-68; topical analgesics pages 111-113 Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-topical analgesic; compounded topical analgesics

Decision rationale: The prescription for the topical analgesic Ketoprofen 20% 120 gm / Ketamine 10% gel 120 gm is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical

compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with no assessment of functional improvement. The patient is stated to have reduced pain with the topical creams, however, there is no functional assessment, and no quantitative decrease in pain documented. The use of topical NSAIDs is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDs. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical NSAID Ketoprofen 20% 120 gm / Ketamine 10% gel 120 gm is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain. The use of the topical gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Ketoprofen 20% 120 gm / Ketamine 10% gel 120 gm not supported by the applicable evidence based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The prescription of Ketoprofen 20% 120 gm / Ketamine 10% gel 120 gm is not medically necessary.

Gabapentin, Cyclobenzaprine, Capsaicin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines anti-inflammatory medications pages 22, 67-68, muscle relaxants page 63; topical analgesics pag. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter cyclobenzaprine; muscle relaxants; topical analgesics; topical analgesics compounded

Decision rationale: The prescription for the topical analgesic Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% 120 gm is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with no assessment of functional improvement. The patient is stated to have reduced pain with the topical creams, however, there is no functional assessment, and no quantitative decrease in pain documented. The use of topical compounded analgesics is documented to have efficacy for only 2-4 weeks subsequent to injury

and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDs or the prescribed analgesics. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical compounded analgesics Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% 120 gm is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain. The use of the topical gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% 120 gm not supported by the applicable evidence based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The prescription of Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% 120 gm is not recommended by the CA MTUS, ACOEM guidelines, and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of for the treatment of chronic pain. Therefore, the prescription for Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.0375% 120 gm is not medically necessary.

Voltaren XR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 46. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain and NSAIDs

Decision rationale: The use of Diclofenac ER 100 mg is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Diclofenac is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Diclofenac/Voltaren XR should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for Voltaren XR is not medically necessary.

