

Case Number:	CM14-0098947		
Date Assigned:	07/30/2014	Date of Injury:	01/25/2008
Decision Date:	10/16/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/27/2014

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 Internal 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:

This patient is a 58 year-old with a date of injury of 01/25/08. A progress report associated with the request for services, dated 06/05/14, identified subjective complaints of neck pain into the arms and shoulders as well as low back pain into the legs. There is no mention of any gastrointestinal complaints. Objective findings included paraspinal tenderness, decreased range of motion, and decreased cervical sensation. Diagnoses include cervical sprain/strain as well as disc disease; status-post lumbar stabilization surgery; and anxiety and depression. Treatment had included chiropractic therapy, epidural steroid injections, oral and topical analgesics. There is no documentation of the use of NSAIDs. A Utilization Review determination was rendered on 06/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor (PPI) antacid. The Medical Treatment Utilization Schedule (MTUS) does not address their use related to medication gastrointestinal side-effects other than with NSAIDs. The Official Disability Guidelines (ODG) notes that PPIs are recommended for patients at risk for gastrointestinal events. It also notes that a trial of omeprazole or lansoprazole is recommended before non-generic Nexium (esomeprazole). The record does not indicate that the patient has ongoing side-effects from medications or other gastrointestinal symptoms. Therefore, the request is not medically necessary.

CMPD: Flurbiprofen 20% topical inflammation + Lido 2.5% topical local anesthetic for pain + Amitriptyline 5% topical nerve pain CR Transdermal cream 150gm apply to painful areas two (2) to three (3) times a day: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics

Decision rationale: The requested compound consists of flurbiprofen, an NSAID, lidocaine, an anesthetic, and amitriptyline, a tricyclic antidepressant. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are largely 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. The MTUS Guidelines note that the efficacy of topical NSAIDs in clinical trials has been inconsistent and most studies are small and of short duration. The Official Disability Guidelines (ODG) does not recommend them for widespread musculoskeletal pain. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. The Guidelines further state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the request is not medically necessary.

CMPD: Cyclo 10% topical muscle relaxant + Gaba 10% topical nerve pain, and Tramadol 20% cream #150gms: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics

Decision rationale: The requested compound consists of gabapentin, an anti-seizure agent, cyclobenzaprine, a muscle relaxant, and tramadol, a centrally acting opioid analgesic. The

Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are largely 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. The MTUS Guidelines state that gabapentin is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the request is not medically necessary.

Terocin Pain Lotion #240ml apply to painful area up to four (4) times daily: 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; Topical Salicylates Page(s): 105, 111-113, 115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Topical Analgesics; Salicylates Topical

Decision rationale: Terocin is a compounded agent consisting of menthol, capsaicin, lidocaine and methyl salicylate. The MTUS Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are largely 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. The Guidelines for Chronic Pain state that capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. It is noted that there are positive randomized trials with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific low back pain, but it should be considered experimental at very high doses. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. Further, the Guidelines note that lidocaine showed no superiority over placebo for chronic muscle pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the request is not medically necessary.