

Case Number:	CM14-0157045		
Date Assigned:	10/09/2014	Date of Injury:	12/12/2009
Decision Date:	01/02/2015	UR Denial Date:	09/18/2014
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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, hand, and wrist pain reportedly associated with an industrial injury of December 12, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; and dietary supplements. In a Utilization Review Report dated September 18, 2014, the claims administrator failed to approve requests for several oral and topical compounds. The applicant's attorney subsequently appealed. On April 28, 2014, the applicant was kept off of work, on total temporary disability, owing to a primary complaint of shoulder pain. The applicant was given a diagnosis of impingement syndrome. The applicant was using Norco for pain relief, it was acknowledged. Additional physical therapy was endorsed. The applicant's complete medication list was not attached. On August 7, 2014, the applicant received a shoulder corticosteroid injection. Norco was renewed. A 20-pound lifting limitation was imposed. The applicant's complete medication list was not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine/Caffeine 50/10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as orphenadrine are recommended for short-term use purposes, for acute exacerbations of chronic low back pain. The 60-tablet supply of orphenadrine at issue, however, implies chronic, long-term, and/or scheduled usage of the same. Such usage, however, is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Orphenadrine/Caffeine is not medically necessary.

Gabapentin/Pyridoxine 250mg/10mg#120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 264 does note that vitamin B6 or pyridoxine, one of the ingredients in the amalgam, is often used in carpal tunnel syndrome when it is perceived to be deficient, ACOEM qualifies its recommendation by noting that this particular fact is not supported by medical evidence. In this case, there was/is no evidence that the applicant was in fact vitamin B6 deficient. There was, furthermore, no evidence that the applicant carried a diagnosis of carpal tunnel syndrome for which vitamin B6 could be considered. The attending provider did not, furthermore, discuss selection, introduction, and/or ongoing usage of the gabapentin-pyridoxine compound at issue in any of the progress notes referenced above. The request, thus, cannot be supported owing to (a) the paucity of supporting information/supporting rationale from the attending provider and (b) the tepid-to-unfavorable ACOEM position on the pyridoxine component of the compounded article at issue. Accordingly, the request for Gabapentin/Pyridoxine is not medically necessary.

Omeprazole 10mg/Flurbiprofen 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was/is no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes, referenced above. Since one ingredient in the amalgam cannot be supported, the

entire amalgam is not supported. Therefore, the request for Omeprazole 10mg/Flurbiprofen is not medically necessary.

Keratek Analgesic gel 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 71.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Keratek, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of first-line oral pharmaceuticals, including Norco, effectively obviated the need for the Keratek compound at issue. The attending provider, it is further noted, did not explicitly discuss introduction, selection, and/or ongoing usage of the Keratek gel in question on any of the progress notes, referenced above. Therefore, the request for Keratek Analgesic gel is not medically necessary.

Flurbiprofen/Cyclo/Menth cream 20%/10%/4% 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 71.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Flurbiprofen/Cyclo/Menth cream is not medically necessary.