

Case Number:	CM14-0211484		
Date Assigned:	12/24/2014	Date of Injury:	12/17/2012
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year-old male with a date of injury of December 17, 2012. The patient's industrially related diagnoses include cervical spine strain/sprain, possible cervical radiculopathy, lumbar spine strain/sprain, possible lumbar radiculopathy, left shoulder strain/sprain, internal derangement, left knee, trochanteric bursitis, left hip. MRI of the left shoulder on 5/27/2014 indicated mild to moderate supraspinatus and infraspinatus tendinosis without evidence of high grade partial thickness tear or tendon retraction, no evidence for SLAP tear, and a small sebaceous cyst is likely present at the anterior aspect of the skin at the level of the acromion. The disputed issues are Orphenadrine 50mg/Caffeine 10mg #60 take one capsule 2-3 times daily as needed for muscle spasm, Flurb 10% / Cyclo 10% / Menth 4% cream #180 grams apply 1-2 grams 2-3 times per day or as directed, Gabapentin 250mg / Pyridoxine 10mg #120 take 2 capsules 2 times daily, Flurb 100mg / Omeprazole 10mg #60 take 1 capsule 2-3 times daily as directed for pain/inflammation, and Kera Tek Gel #113 apply 1-2 grams 2-3 times per day or as directed. A utilization review determination on 12/2/2014 had non-certified these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 50mg/Caffeine 10mg, one capsule 2-3 times daily as needed for muscle spasm, #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 Page(s): 63-66.

Decision rationale: In regard to the request for Orphenadrine 50mg/Caffeine 10mg Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Specifically regarding Orphenadrine, the guidelines state: "This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Within the medical records available for review, the treating physician indicates that this medication is used to decrease muscle spasm and it is combined with caffeine to reduce the common side effects of drowsiness. However, in the progress report dated 11/5/2014 (at the time it was prescribed), there was no documentation of subjective complaints of muscle spasms and no findings on physical examination consistent with muscle spasms. It is unclear whether the injured worker has tried this muscle relaxant previously, however there was no documentation that the injured worker experienced side effects of sedation with Orphenadrine to warrant a compounded oral formulation of Orphenadrine and Caffeine. In light of these issues, the request of Orphenadrine 50mg/Caffeine 10mg #60 is not medically necessary.

Flurb 10% / Cyclo 10% / Menth 4% cream, applied 1-2 grams 2-3 times per day or as directed, 180 grams: Upheld

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

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

Decision rationale: In regard to the request for topical Flurb 10% / Cyclo 10% / Menth 4% cream, Chronic Pain Medical Treatment Guidelines state that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical Cyclobenzaprine, guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, the currently requested Flurb 10% / Cyclo 10% / Menth 4% cream #180 grams is not medically necessary.

Gabapentin 250mg / Pyridoxine 10mg, 2 capsules 2 times daily, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin B.

Decision rationale: In regard to request for Gabapentin 250mg / Pyridoxine 10mg, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The California MTUS Guidelines are silent regarding Pyridoxine. Official Disability Guidelines state that Vitamin B is not recommended. Within the documentation available for review, there is no documentation that the injured worker has tried Gabapentin previously and has experienced side effects. Furthermore, the guidelines do not recommend the use of Pyridoxine for the management of pain. Based on the guidelines, the currently requested Gabapentin 250mg / Pyridoxine 10mg #120 is not medically necessary.

Flurb 100mg / Omeprazole 10mg, take 1 capsule 2-3 times daily as directed for pain/inflammation, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: In regard to the request for Flurb 100mg / Omeprazole 10mg, California MTUS states NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the medical records available for review, there is documentation that the injured worker has ongoing shoulder pain. However, there is no indication that he has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. While the NSAID such as Flurbiprofen is recommended in the case of this injured worker, there is no guidelines support for the use of Omeprazole. Specifically, the use of a PPI such as omeprazole is clarified in the Chronic Pain Medical Treatment Guidelines, which state that PPI are: "Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2)

history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." In light of the lack of indication for the PPI, the currently requested Flurb 100mg / Omeprazole 10mg #60 is not medically necessary.

Kera Tek Gel #113, apply 1-2 grams 2-3 times per day or as directed, 4 oz bottle:

Overtured

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

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

Decision rationale: In regard to the request for Kera Tek gel, Chronic Pain Medical Treatment Guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the medical records available for review, there is documentation that the injured worker has increased pain in the left shoulder made worse by overhead activities. Kera Tek gel was prescribed for pain and inflammation and the amount prescribed was for short-term use. Furthermore, according to Chronic Pain Medical Treatment Guidelines, the shoulder is a joint amenable to topical NSAID treatment. Based on the guidelines recommendations, the currently requested Kera Tek Gel #113 apply 1-2 grams 2-3 times per day or as directed, 4 oz bottle is medically necessary.