

Case Number:	CM15-0003038		
Date Assigned:	01/14/2015	Date of Injury:	10/05/2001
Decision Date:	03/24/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/07/2015

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, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 55-year-old male who reported an injury on 10/05/2001. The mechanism of injury was a slip and fall on an oil spill falling onto a ladder. Prior therapies included physical therapy. The injured worker underwent an MRI of the cervical spine, lumbar spine, and right shoulder. The injured worker underwent right shoulder arthroscopic surgery, epidural steroid injections in the lumbar spine and thoracic spine. The injured worker was utilizing the classification of the requested medications since at least 09/2014. The documentation of 12/11/2014 revealed the injured worker had complaints of upper back pain, low back pain, and right shoulder pain. The injured worker was previously treated with physical modalities and prescription medications. The diagnostic studies included MRIs and x-rays. The physical examination revealed range of motion from the head and neck was slow, but full in all planes. There were trigger points in the upper, mid, and low back paraspinous musculature, as well as emergence of the greater occipital and suprascapular nerves, and the trapezial musculature. There was diffuse tenderness in the entire right shoulder and deltoid muscle. The physical examination of the low back revealed trigger points that were palpated at the lumbar paraspinous and buttock musculature. The diagnosis included chronic right shoulder pain with evidence of type 2 SLAP lesion, chronic cervical strain, chronic lumbar strain, right L5 chronic radiculopathy, chronic opioid use with inconsistent urine drug screens, and chronic secondary depression, along with profound deconditioning. The treatment plan included tramadol 50 mg #60, orphenadrine 100 mg #90, pantoprazole 20 mg #30, and flurbiprofen 20% cream. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for an extended duration of time. There was a lack of documentation of objective functional benefit that was received. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for orphenadrine 100 mg #90 is not medically necessary.

Pantoprazole 20mg #30: 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): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. There was a lack of documentation indicating the injured worker had been assessed and found to be at intermediate or high risk for gastrointestinal events. The injured worker had been utilizing this medication since at least 09/2014 and there was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for pantoprazole 20 mg #30 is not medically necessary.

Flurbiprofen 20% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics Page(s): 72, 111.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The clinical documentation submitted for review failed to indicate the injured worker had a trial of an antidepressant and an anticonvulsant that had failed. Additionally, there was a lack of documentation of exceptional factors, as flurbiprofen is not FDA approved for topical application. The request as submitted failed to indicate the frequency and the body part to be treated, as well as the quantity of medication being requested. Given the above, the request for flurbiprofen 20% cream is not medically necessary.