

Case Number:	CM15-0018709		
Date Assigned:	02/10/2015	Date of Injury:	09/14/2012
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/02/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 49 year old female who sustained an industrial injury on 09/14/2012. Diagnoses include carpal tunnel syndrome, lesion of the ulnar nerve and medial epicondylitis. Treatment to date has included medications and work restrictions. A physician progress note dated 10/27/2014 documents the injured worker complains of pain in the right elbow, and right wrist pain and stiffness, and limited range of motion. Recent x-rays of the right elbow and right forearm show no progression of degenerative changes. Medications help alleviate the pain and discomfort. Treatment requested is for Flurbiprofen/ Omeprazole100/10MG, and Flurb-Cyclo-Menthol Cream 20%/ 10%/ 4%. On 01/23/2015 Utilization Review non-certified the request for Flurbiprofen/ Omeprazole100/10MG, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 01/23/2015 Utilization Review non-certified the request for Flurb-Cyclo-Menthol Cream 20%/ 10%/ 4%, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Flurb-Cyclo-Menthol Cream 20%/ 10%/ 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." CYCLOBENZAPRINE or MUSCLE RELAXANTS (NOT RECOMMENDED) MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. FLURBIPROFEN (NOT RECOMMENDED) MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. MENTHOL only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." As such, the request for MED Flurb/Cyclo/Menth Cream 20%/10%/4% is not medically necessary.

Flurbiprofen/ Omeprazole100/10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptom and Cardiovascular risk Page(s): 67-69, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Opioids, NSAIDs (non-steroidal anti-inflammatory drug). Decision based on Non-MTUS Citation Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk / Pain (Chronic) - Medications for acute pain (analgesics)

Decision rationale: Omeprazole is a proton pump inhibitor used for the treatment of stomach ulcers and gastroesophageal reflux. MTUS states, "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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." In the treatment notes, the treating physician cites gastritis as the main reason for this requested medication. Based on the documents provided, the patient is not older than 65 years old, does not have a documented history of peptic ulcer/GI bleeding/perforation, not on concurrent ASA, steroid, or anticoagulant, and is not on high dose/multiple NSAIDs. The medical documents do not meet the guideline recommendation for initiation of GI prophylaxis. As such, the request for Flurbiprofen/Omeprazole 100/10mg is not medically necessary.

