MAXIMUS Federal Services

Case Number:	CM15-0118389		
Date Assigned:	06/26/2015	Date of Injury:	04/14/1993
Decision Date:	07/28/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/18/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old male with an industrial injury dated 04/14/1993. The injured worker's diagnoses include moderate to severe right knee tricompartmental osteoarthritis status post two previous arthroscopies in 1993, moderate left knee osteoarthritis and history of lumbar disk disease. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/11/2015, the injured worker reported chronic back and knee pain. Objective findings revealed nonspecific pain about the lower lumbar paravertebral muscles, medial joint line tenderness and pain with hyperflexion. The treating physician prescribed retrospective request for 1 prescription for Prilosec 20mg #60 and retrospective request for 1 transdermal cream starter: 30gm combination of 10% Cyclobenzaprine, 2% Lidocaine, 30gm combination of 20% Flurbiprofen, 5% Lidocaine and a 30gm combination of 10% Gabapentin, 5%, Amitriptyline and 0.025% Capsaicin now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription for Prilosec 20mg #60: 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, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Retrospective request for 1 prescription for Prilosec 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Prilosec is not medically necessary.

Retrospective request for 1 transdermal cream starter: 30gm combination of 10% Cyclobenzaprine, 2% Lidocaine, 30gm combination of 20% Flurbiprofen, 5% Lidocaine and a 30gm combination of 10% Gabapentin, 5%, Amitriptyline and 0.025% Capsaicin: 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 rationale: Retrospective request for 1 transdermal cream starter: 30gm combination of 10% Cyclobenzaprine, 2% Lidocaine, 30gm combination of 20% Flurbiprofen, 5% Lidocaine and a 30gm combination of 10% Gabapentin, 5%, Amitriptyline and 0.025% Capsaicin is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short- term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical Gabapentin is not supported as there is no evidence to support its use topically. Lidocaine in cream, ointment, or gel form is not recommended for chronic pain by the MTUS. Topical muscle relaxants such as Cyclobenzaprine are not supported by the MTUS. The guidelines do not specifically support Amitryptline which is an antidepressant, but do state that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. 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. This cream contains multiple medications not supported topically by the MTUS. The documentation contains no extenuating factors, which would necessitate going against the MTUS Guidelines. The request for this transdermal cream is not medically necessary.