

Case Number:	CM15-0128556		
Date Assigned:	07/15/2015	Date of Injury:	05/21/2013
Decision Date:	09/22/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/03/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 60 year old female who sustained an industrial injury on 5/21/13. Primary treating physician's progress report dated 5/20/15 reports continued complaints of left shoulder pain rated 4/10. The pain is moderate with stiffness and limited range of motion. Diagnoses include: left shoulder adhesive capsulitis with impingement syndrome, status post arthroscopy left shoulder with biceps tenodesis, anterior capsular release, and manipulation under anesthesia and degenerative disc C5-6, C6-7 Plan of care includes: request additional sessions of physical therapy 3 times per week for 4 weeks, request inferential unit for 30-60 day rental and purchase if effective, continue Tramadol, request urine toxicology screening, prescription given for orphenadrine/caffeine 50/10 mg #60, gabapentin/pyridoxine 250/10 mg #60, omeprazole/flurbiprofen 10/100 mg #60, Flurbiprofen/Cyclo/menthol 20%/10%/4% cream 180 for pain, keratek gel 4 oz bottle and Mometasone/Doxepin 0.15%/5% 60 mg. Work status: remain off work until 7/20/15. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 50 mg/Caffeine 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain. The guidelines do not support the utilization of non standard medication formulations without documentation of treatment failures with standard formulations. It is recommended that standard medications be utilized individually whenever possible for better evaluation of efficacy. There is no data to support that formulations of orphenadrine with caffeine is more effective. The criteria for the use of orphenadrine 50mg/caffeine 10mg #60 was not met and therefore is not medically necessary.

Flurbiprofen/Omeprazole 100/10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The guidelines do not support the utilization of non standard medication formulations without documentation of treatment failures with standard formulations. It is recommended that standard medications be utilized individually whenever possible for better evaluation of efficacy. There is no data to support that formulations of flurbiprofen with omeprazole is more effective. The criteria for the use of flurbiprofen/omeprazole 100mg/10mg #60 was not met and therefore is not medically necessary.

Flurbiprofen/Cyclobenzaprine/Menthol Cream 20%/10%/4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line oral antidepressant and anti-convulsants medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as

CRPS. There is lack of guidelines support for the utilization of topical formulation of cyclobenzaprine and menthol for the treatment of chronic musculoskeletal pain. The criteria for the utilization of flurbiprofen/cyclobenzaprine/menthol 20%/10%/4% was not met and therefore is not medically necessary.

Gabapentin/Pyridoxine 250 mg/10 mg #110: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsant.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic and chronic pain syndrome. The guidelines do not support the utilization of non standard medication formulations without documentation of treatment failures with standard formulations. It is recommended that standard medications be utilized individually whenever possible for better evaluation of efficacy. There is no data to support that formulations of gabapentin with pyridoxine is more effective or safer. The criteria for the use of gabapentin/pyridoxine 250mg/10mg #110 was not met and therefore is not medically necessary.

Kera Tek gel #113: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line oral antidepressant and anti-convulsants medications. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The Kera-Tek product contains menthol 16% and methyl salicylate 28%. There is lack of guidelines support for the utilization of topical formulation of methyl salicylate and menthol for the treatment of chronic musculoskeletal pain. The criteria for the utilization of Kera-Tek gel #113 was not met and therefore is not medically necessary.

Mometasone/Doxepin 0.15%/5% 60gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Stress and Mental Illness.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line oral antidepressant and anti-convulsants medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is lack of guidelines support for the utilization of topical formulation of doxepine and mometazone. It is recommended that standard medications be utilized individually whenever possible for better evaluation of efficacy. The criteria for the use of compound topical formulations of mometazone/doxepin 0.15% / 5% 60gm was not met and therefore is not medically necessary.