MAXIMUS Federal Services

Case Number:	CM15-0170323		
Date Assigned:	09/10/2015	Date of Injury:	05/20/2013
Decision Date:	10/19/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/28/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 5-20-13. She reported pain and numbness in the wrist. The injured worker was diagnosed as having status post carpal tunnel releases of the bilateral wrists with residual carpal tunnel syndrome bilaterally. Treatment to date has included bilateral open carpal tunnel release, physical therapy, injections, and medication including Cyclobenzaprine, Hydrocodone, Voltaren gel, Biofreeze gel, and Diclofenac Sodium. Currently, the injured worker complains of pain and weakness in bilateral wrists rated as 9 of 10. The treating physician requested authorization for Orphenadrine 50mg-Caffeine 190mg #60, Flurb-Omeprazole 100-10mg #60, and compound Flurb-Cyclo-Menth cream 20%-10%-4% 180g. On 7-28-15 the requests were non-certified. Regarding Orphenadrine /Caffeine the utilization review physician noted "compound medications are not supported and there is no evidence to support the use of caffeine for the treatment of chronic pain." Regarding Flurb-Omeprazole, the utilization review physician noted "compound medications are not supported by guidelines and there is no documented failure of individual prescriptions of these medications." Regarding Flurb-Cyclo-Menth cream the utilization review physician noted "any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The requested formulation contains Cyclobenzaprine and Flurbiprofen with care note recommended."

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 50mg/Caffeine 190mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Muscle relaxants (for pain).

Decision rationale: Based on the 08/13/15 progress report provided by treating physician, the patient presents with bilateral wrist pain rated 9/10. The patient is status post bilateral wrist carpal tunnel release, on unspecified dates. The request is for ORPHENADRINE 50MG/CAFFEINE 190MG #60. RFA with the request not provided. Patient's diagnosis on 08/13/15 includes carpal tunnel syndrome, and pain in joint, forearm. Physical examination on 08/13/15 revealed tenderness about both wrists. Per 08/13/15 report, treater states "clinical and EMG and nerve conduction study evidence of advanced carpal tunnel syndrome of the right wrist." Treatment to date has included bilateral open carpal tunnel release, imaging and electrodiagnostic studies, physical therapy, acupuncture, injections, and medications. Patient's current medications include Orphenadrine/Caffeine, Norco, Omeprazole/Flurbiprofen, and topical creams. The patient is off-work, per 08/13/15 report, and remains temporarily totally disabled, per 04/30/15 AME report. MTUS, Muscle Relaxants (for pain) Section, page 63-66 states the following: "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): 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. This drug was approved by the FDA in 1959. 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." ODG-TWC, Pain (Chronic) Chapter under Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine: 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. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Per 08/13/15 report, treater states the patient "is scheduled to undergo Carpal Tunnel Release and Flexor tendon tenosynovectomy of the right wrist. To alleviate pain and discomfort, she was given a written prescription of Orphenadrine/Caffeine." There is no mention of this medication in prior progress reports, and it appears this medication is being initiated. In this case, the request would appear to be reasonable given the patient's chronic pain condition requiring surgical intervention. However, there is no indication that surgery has been authorized. Furthermore, in regard to the combined medication containing Orphenadrine and Caffeine for this patient's chronic pain, the provider has exceeded guideline recommendations. Per MTUS guidelines, a short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms; 3 to 4 days for acute spasm and no more than 2 to 3 weeks. The request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Flurb/Omeprazole 100/10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 08/13/15 progress report provided by treating physician, the patient presents with bilateral wrist pain rated 9/10. The patient is status post bilateral wrist carpal tunnel release, on unspecified dates. The request is for FLURB/OMEPRAZOLE 100/10MG #60. RFA with the request not provided. Patient's diagnosis on 08/13/15 includes carpal tunnel syndrome, and pain in joint, forearm. Physical examination on 08/13/15 revealed tenderness about both wrists. Per 08/13/15 report, treater states "clinical and EMG and nerve conduction study evidence of advanced carpal tunnel syndrome of the right wrist." Treatment to date has included bilateral open carpal tunnel release, imaging and electrodiagnostic studies, physical therapy, acupuncture, injections, and medications. Patient's current medications include Orphenadrine/Caffeine, Norco, Omeprazole/Flurbiprofen, and topical creams. The patient is off- work, per 08/13/15 report, and remains temporarily totally disabled, per 04/30/15 AME report. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." Per 08/13/15 report, treater states the patient "is scheduled to undergo Carpal Tunnel Release and Flexor tendon tenosynovectomy of the right wrist. To alleviate pain and discomfort, she was given a written prescription of Flurbiprofen/Omeprazole." There is no mention of this medication in prior progress reports, and it appears this medication is being initiated. In regard to the combined medication containing Flurbiprofen and Omeprazole, presumably for prophylactic treatment with Omeprazole to counteract the associated Flurbiprofen, the provider has not included GI assessment or complaints of GI upset to substantiate such a medication. Furthermore, treater has not documented GI symptom relief owing to prior PPI utilization. Therefore, the request IS NOT medically necessary.

Compound of Flurb/Cyclo/Menth cream 20%/10%/4% 180gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 08/13/15 progress report provided by treating physician, the patient presents with bilateral wrist pain rated 9/10. The patient is status post bilateral wrist carpal tunnel release, on unspecified dates. The request is for COMPOUND OF FLURB/CYCLO/MENTH CREAM 20%/10%/4% 180GM #1. RFA with the request not provided. Patient's diagnosis on 08/13/15 includes carpal tunnel syndrome, and pain in joint, forearm. Physical examination on 08/13/15 revealed tenderness about both wrists. Per 08/13/15 report, treater states "clinical and EMG and nerve conduction study evidence of advanced carpal tunnel syndrome of the right wrist." Treatment to date has included bilateral open carpal tunnel release, imaging and electrodiagnostic studies, physical therapy, acupuncture, injections, and

medications. Patient's current medications include Orphenadrine/Caffeine, Norco, Omeprazole /Flurbiprofen, and topical creams. The patient is off-work, per 08/13/15 report, and remains temporarily totally disabled, per 04/30/15 AME report. MTUS, Topical Analgesics Section, page 111 states: "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain." Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Per 08/13/15 report, treater states the patient "is scheduled to undergo Carpal Tunnel Release and Flexor tendon tenosynovectomy of the right wrist. To alleviate pain and discomfort, she was given a written prescription of Flurbiprofen/Cyclo/Menthol 20%/10%/4% cream." There is no mention of this medication in prior progress reports, and it appears this medication is being initiated. In this case, the Flurbiprofen component of this topical would be indicated for the patient's wrist condition. However, the requested cream also contains Cyclobenzaprine, which is not supported by MTUS guidelines in topical lotion form. MTUS page 111 states that if one of the compounded ingredients in the product is not recommended, then the entire product is not. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.