

Case Number:	CM15-0171433		
Date Assigned:	09/11/2015	Date of Injury:	08/13/2012
Decision Date:	11/02/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female, who sustained an industrial injury on 08-13-2012. She has reported injury to the neck, right shoulder, back, and right knee. The diagnoses have included right shoulder strain; right shoulder rotator cuff tear; postoperative arthroscopic debridement and rotator cuff repair, right shoulder; cervical strain; lumbosacral strain; and postoperative arthroscopic debridement and removal of torn medial meniscus, right knee. Treatment to date has included medications, diagnostics, heat, ice, injections, epidural steroid injection, surgical intervention, physical therapy, and home exercise program. Medications have included Norflex, Naproxen, Prilosec, and topical compounded cream. A progress note from the treating physician, dated 03-10-2015, documented a follow-up visit with the injured worker. The injured worker reported that she continues to have pain in the right shoulder with her exercises; she is doing pendulum exercise; she has difficulty with wall climbing-circumduction exercises; she is using local heat prior to her home exercises; she complains of muscle spasm in the right side of the cervical spine; and the aquatic exercise program was very helpful. Objective findings included no effusion in the shoulder; slight atrophy of the right deltoid and posterior superior shoulder girdle muscles on the right; and there is slight droop of the right shoulder in erect stance. Per the provider note dated 07-25-2015, the injured worker's "shoulder motion continues to improve in physical therapy". The treatment plan has included the request for Flurbiprofen-Lidocaine topical cream 30g #1, per 03-10-15 order, quantity: 1.00; Flurbiprofen-Lidocaine topical cream 60g #1, per 03-10-15 order, quantity: 1.00; Omeprazole 20mg #60, per 03-10-15 order, quantity: 60.00; Norflex 100mg #60, per 03-10-15 order, quantity: 60.00; and Tramadol 50mg #60, per 03-10-15 order, quantity: 60.00. The original utilization review, dated 08-18-

2015, non-certified a request for Flurbiprofen-Lidocaine topical cream 30g #1, per 03-10-15 order, quantity: 1.00; Flurbiprofen-Lidocaine topical cream 60g #1, per 03-10-15 order, quantity: 1.00; Omeprazole 20mg #60, per 03-10-15 order, quantity: 60.00; Norflex 100mg #60, per 03-10-15 order, quantity: 60.00; and modified a request for Tramadol 50mg #60, per 03-10-15 order, quantity: 60.00, to Tramadol 50mg #45, per 03-10-15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/lidocaine topical cream 30g #1, per 3/10/15 order, qty 1.00: 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: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, neither was there documentation of pain or functional improvement with the use of this medication. Therefore, the request for Flurbiprofen/Lidocaine topical cream 30g #1, per 3/10/15 order, qty 1.00 is not medically necessary.

Flurbiprofen/lidocaine topical cream 60g #1, per 3/10/15 order, qty 1.00: 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: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, neither was there documentation of pain or functional improvement with the use of this medication. Therefore, the request for Flurbiprofen/lidocaine topical cream 60g #1, per 3/10/15 order, qty 1.00 is not medically necessary.

Omeprazole 20mg #60, per 3/10/15 order, qty 60.00: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anti-coagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per the ODG, PPIs are "Recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT, omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)" A review of the injured workers medical records that are available to me do not reveal any past or current gastrointestinal complains that would suggest that the injured worker is at increased risk for a gastrointestinal event. Therefore, the request for Omeprazole 20mg #60, per 3/10/15 order, qty 60.00 is not medically necessary.

Norflex 100mg #60, per 3/10/15 order qty 60.00: 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 rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor

vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. This medication is not recommended for long-term use and there are no extenuating circumstances or documentation of pain or functional improvement that warrant continued use in the injured worker. Therefore, the request for Norflex 100mg #60, per 3/10/15 order qty 60.00 is not medically necessary.

Tramadol 50mg #60, per 3/10/15 order qty 60.00: 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): Opioids, specific drug list.

Decision rationale: The MTUS states that Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long-term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. Unfortunately a review of the injured workers medical records that were available for my review did not reveal documentation of improvement in pain or function with the use of Tramadol and without this information it is not possible to determine medical necessity for continued use. Therefore, the request for Tramadol 50mg #60, per 3/10/15 order qty 60.00 is not medically necessary.