

Case Number:	CM15-0172688		
Date Assigned:	09/14/2015	Date of Injury:	01/17/2014
Decision Date:	10/14/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 50 year old female, who sustained an industrial injury on 1-17-14. Medical record indicated the injured worker is undergoing treatment for cervical spine sprain-strain, bilateral carpal tunnel syndrome, bilateral hand strain-sprain, and lumbosacral sprain-strain. Treatment to date has included oral medications including Tramadol 50mg, Toprophen, Naproxen 550mg and Prilosec 20mg; topical Flurbi-menthol-caps-camph cream and activity modifications. Currently on 7-2-15 and 8-10-15, the injured worker complains of low back pain rated 7-8 out of 10 which is constant and dull with radiation and neck pain rated 7 out of 10; she also notes difficulty sleeping. She is noted to be temporarily totally disabled. Physical exam performed on 8-10-15 revealed tenderness of bilateral wrists on palpation. On 8-12-15 a request for authorization was submitted for Toprophen #30 and Flurbi-menthol-caps-camph cream. On 8-24-15, utilization review non-certified requests for Toprophen #30 noting ODG states the product must be labeled for dietary management of a specific medical disorder, disease or condition for which there are distinctive nutritional requirements and the current provider does not document what the specific condition of each food is being treated or what deficiency the injured worker has and Flurbi-menthol-caps-camph cream noting there is little evidence to utilize topical NSAIDs (non-steroidal anti-inflammatory drugs) for treatment of osteoarthritis of the spine, hip or shoulder and the provided documentation does not support the use of topical analgesics; furthermore there is not clear rational for the use of topical medications rather than the FDA approved oral forms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi-menthol-caps-camph cream bid: 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: The claimant sustained a work injury in January 2014 and is being treated for with radiating symptoms and neck pain. When seen, there was rotator cuff tightness. She has a history of a subacromial decompression. Authorization for left and then right carpal tunnel release surgeries had been requested. She was having difficulty sleeping. There were symptoms of depression. Physical examination findings included a normal BMI. There was an antalgic gait without use of an assistive device. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. The claimant has not had a trial of topical Diclofenac. There are other single component topical treatments with generic availability that could be considered. The requested compounded medication was not medically necessary.

Toprophan prn #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Pain Chapter, Medical foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in January 2014 and is being treated for with radiating symptoms and neck pain. When seen, there was rotator cuff tightness. She has a history of a subacromial decompression. Authorization for left and then right carpal tunnel release surgeries had been requested. She was having difficulty sleeping. There were symptoms of depression. Physical examination findings included a normal BMI. There was an antalgic gait without use of an assistive device. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, anxiety, restless legs syndrome, obstructive sleep apnea, pain, cardiac and pulmonary conditions, if present, should be identified and could be treated directly. Further assessment of the claimant's symptoms of depression should be considered. The prescribing of tryptophan was not medically necessary.