MAXIMUS Federal Services

Case Number:	CM15-0175791		
Date Assigned:	09/28/2015	Date of Injury:	07/25/2010
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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 44 year old female, who sustained an industrial injury on 7-25-10. The injured worker is being treated for left upper extremity complex regional pain syndrome. Treatment to date has included oral medications including Fexmid 7.5mg and Protonix 20mg and activity modifications. On 7-30-15, the injured worker complains of continued left upper extremity symptoms and numbness in the hand with diffuse weakness and pain radiating down from the neck into the trapezius; the trapezius pain is progressively worsening with diffuse swelling about the left trapezial area. She is temporarily totally disabled. Physical exam performed on 7-30-15 revealed swelling about the left trapezius with marked tenderness about the left trapezius and left cervical musculature and left periscapular musculature and continued tenderness to light palpation of left arm with diffuse hypesthesia. A request for authorization was submitted on 8-18-15 for Fexmid 7.5mg #90, Protonix 20mg #90 and Ketoprofen 10%, Gabapentin 5%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 2% 300gm with 3 refills. On 8-24-15 a request for Fexmid 7.5mg #90, Protonix 20mg #90 and Ketoprofen 10%, Gabapentin 5%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 2% 300gm with 3 refills was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fexmid 7.5mg #90: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Retrospective Fexmid 7.5mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that Cyclobenzaprine (Flexeril) is not recommended to be used for longer than 2-3 weeks. The documentation does not indicate that the patient is having an acute exacerbation of pain. The patient has chronic pain. Additionally, the guidelines recommend limiting this medication to 2-3 weeks for short-term use only. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week recommended MTUS time frame. The request for Fexmid is not medically necessary.

Retrospective Protonix 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors.

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-Proton pump inhibitors (PPIs).

Decision rationale: Retrospective Protonix 20mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. 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 ODG recommends Prontonix only as second line use proton pump inhibitor. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor or has failed first line proton pump inhibitors therefore the request for Protonix is not medically necessary.

Retrospective Ketoprofen 10%, Gabapentin 5%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 2% 300gm with 3 refills: 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 based on Non-MTUS Citation Brown, M. B., and S. A. Jones. "Hyaluronic Acid: A Unique Topical Vehicle for the Localized Delivery of Drugs to the Skin." European Academy of Dermatology and Venereology JEADV (2004): 308-18. Web. and http://www.drugs.com/pro/bupivacaine.html and http://www.ncbi.nlm.nih.gov/pubmed/17721252.

Decision rationale: Retrospective Ketoprofen 10%, Gabapentin 5%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 2% 300gm with 3 refills is not medically necessary per the MTUS Guidelines and an online review of topical hyaluronic acid; topical Bupivicaine; and topical Clonidine. The MTUS does not specifically discuss topical Clonidine but a review online reveals that it is an alpha 2 adrenergic receptor agonist. The MTUS does not specifically discuss topical Bupivicaine but a review online reveals that it is a local anesthetic. The MTUS does 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. The MTUS states that topical muscle relaxants such as Cyclobenzaprine are not recommended as there is no peer-reviewed literature to support use. The MTUS does not support topical Gabapentin for this patient's condition. 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 and are for short-term use (4-12 weeks). The MTUS states that although Ketoprofen is an NSAID it is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. A review online of hyaluronic acid reveals that it can be used as a vehicle for topical drugs through the skin. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compound contains multiple medications that are not supported topically by the MTUS. The documentation does not indicate extenuating reasons to go against MTUS guideline recommendations therefore this request is not medically necessary.