

Case Number:	CM15-0176461		
Date Assigned:	09/17/2015	Date of Injury:	02/06/2015
Decision Date:	10/26/2015	UR Denial Date:	08/19/2015
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: California, District of Columbia, Maryland
 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 47 year old female, who sustained an industrial injury on 2-6-15. Medical record indicated the injured worker is undergoing treatment for significant shoulder impingement syndrome, cervical sprain-strain, lumbar sprain-strain and hand and wrist overuse tendinopathy. Treatment to date has included oral medications including Prilosec, Bentyl, Naproxen 550mg and Ultracet and activity modifications. Currently on 6-5-15 and on 7-17-15, the injured worker complains of ongoing neck pain rated 7 out of 10, bilateral wrist pain rated 6-7 out of 10 with constant numbness and tingling, aching bilateral shoulder pain rated 8 out of 10, aching pain in left arm rated 7 out of 10, right arm pain rated 6 out of 10 and stabbing pain in lower back rated 7 out of 10. She notes pain land anti-inflammatory medications are helping the pain. She is currently working with modifications. Physical exam performed on 6-5-15 and on 7-17-15 revealed normal gait, painful cervical extension, extreme tightness in levator scapula musculature, knot of muscle in trigger area along the medial trapezius at the levator scapula of the shoulder blade; tenderness of sternoclavicular joint, anterior capsule and acromioclavicular with swelling, positive impingement sign and restricted range of motion of right shoulder with crepitus on motion; exam of bilateral hands noted pain with range of motion and diffuse forearm tenderness without specific swelling and moderate decrease in sensation in median distribution; and exam of lumbar spine noted sacroiliac tenderness with pain in the lower lumbar midline and paraspinous musculature, mild amount of muscle spasm on forward flexion, limited extension, restricted range of motion and tenderness along the sacroiliac joint. On 7-17-15, a request for authorization was submitted for Omeprazole DR 20mg #60 and Flurbiprofen 10%-

dexamethasone 0.2%-Cyclobenzaprine 2% cream. On 8-19-15, utilization review non-certified Omeprazole Dr 20mg with 1 refill noting the medical records do not describe the injured worker having gastrointestinal issues or gastroesophageal reflux disease and she is not at risk for gastrointestinal bleed or ulcer; therapy with a proton pump inhibitor is not medically necessary; and Flurbiprofen 10%-Dexamethaxone0.2%-cyclobenzprine2% 180gm noting guidelines state any compounded product that contains at least one drug that is not recommended is not recommended, in this case the requested formulation contains multiple ingredients with no proven efficacy for use in topical application nor is there any description of failure of first line oral agents in these classes to support the need for topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole delayed release 20mg by mouth twice a day as needed quantity 60 with refill:
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: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (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). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" As there is no documentation of peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for my review, the injured worker's risk for gastrointestinal events is low, as such, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.

Flurbiprofen 10%, Dexamethasone 0.2%, Cyclobenzaprine 2% apply a thin year twice a day twice a day 180gm: 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 MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Per MTUS CPMTG p113, "There is no evidence for use of any other muscle relaxant as a topical product. [besides baclofen, which is also not recommended]" Cyclobenzaprine is not indicated. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of dexamethasone. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As multiple components are not recommended, the requested compound is not medically necessary.