

Case Number:	CM15-0032288		
Date Assigned:	02/25/2015	Date of Injury:	07/02/2014
Decision Date:	05/21/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/20/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 49-year-old female who has reported the gradual onset of various upper extremity, head, neck, and trunk symptoms attributed to usual work activities as well as an electrical shock, with a listed injury date of July 2, 2014. The diagnoses have included right carpal tunnel syndrome, right trigger finger, right medial and lateral epicondylitis, myofascial pain, cervical sprain/strain, tension headache and costochondritis. Treatment to date has included medications, transcutaneous electrical nerve stimulation (TENS), chiropractic, and physical therapy. On 12/23/14, the qualified medical examiner (QME) noted the presence of esophageal reflux and recommended against using any nonsteroidal anti-inflammatory drugs (NSAIDs). Reports from the current primary treating physician during 2014-2015 reflect ongoing "temporarily totally disabled" work status since at least December 2014, ongoing upper extremity, neck, and head symptoms, and ongoing prescribing of fenoprofen, gabapentin, cyclobenzaprine, and omeprazole. The symptoms include pain and paresthesias. Fenoprofen, gabapentin, and omeprazole were dispensed at the initial visit on 9/12/14. Cyclobenzaprine was added sometime between October and December 2014. Lidopro cream was dispensed on 1/20/15 for "non-pharmaceutical pain control." None of the reports addresses the specific functional and symptomatic benefits for fenoprofen, cyclobenzaprine, and gabapentin. The reports do not address monitoring of possible NSAID toxicity. On 1/26/15, the symptoms were the same. All treatments to date were reportedly helpful for pain control. There was no specific result described for any single treatment or medication other than omeprazole. The work status remained as "temporarily totally disabled." On 2/2/15 Utilization Review non-certified Lidopro

and fenoprofen, and partially certified cyclobenzaprine and and gabapentin. The lack of specific benefit or prescribing per the MTUS recommendations was the basis for the Utilization Review decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 60 tablets of Gabapentin 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Medication trials Page(s): 16-22,60.

Decision rationale: Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports, which adequately address the specific symptomatic and functional benefit from the antiepileptic drugs (AEDs) used to date. Note the criteria for a "good" response per the MTUS. This medication was initiated at the same time as multiple other medications. The MTUS, page 60, recommends that each medication be trialed alone, with determination of individual results and side effects. This medication was not prescribed according to the MTUS, making determination of its specific results equivocal at best. Work status has remained as "temporarily totally disabled" while gabapentin was prescribed, indicating a failure of treatment. Gabapentin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date. Therefore, this request is not medically necessary.

Retrospective request for 1 Lidopro cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical analgesics Page(s): 60,111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. LidoPro is capsaicin, lidocaine, menthol, and methyl salicylate. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state, "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not

medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (which is likely not present in this case). The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable risk of seizures, irregular heartbeats and death. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. Menthol is not discussed specifically in the MTUS. Topical salicylates in the standard formulations like BenGay are recommended in the MTUS. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, and lack of medical evidence. Therefore, this request is not medically necessary.

Retrospective request for 60 tablets of Fenoprofen 400mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs, specific drug list & adverse effects Page(s): 60,70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Three medications were initiated simultaneously, which is not recommended in the MTUS and which makes determination of benefits and side effects nearly impossible. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The QME noted the presence of esophageal reflux and recommended against any further use of NSAIDs. This has not been addressed by the primary treating physician and appears to be a sufficient reason not to continue prescribing this NSAID. The injured worker remains "temporarily totally disabled," indicating profound disability, and a failure of all treatment to date. None of the kinds of functional improvement discussed in the MTUS is evident. This NSAID is not medically necessary based on the MTUS recommendations, the lack of specific functional and symptomatic benefit, the lack of sufficient evaluation for esophageal reflux, and prescription not in accordance with the MTUS and the FDA warnings. Therefore, this request is not medically necessary.

Retrospective request for 60 tablets of Cyclobenzaprine 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months. The quantity prescribed implies long-term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function because of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short-term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.