

Case Number:	CM15-0062947		
Date Assigned:	04/08/2015	Date of Injury:	05/11/2012
Decision Date:	06/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/02/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female who reported an injury on 05/11/2012. The mechanism of injury was reportedly due to repetitive work duties. Her diagnoses included status post right carpal tunnel release and right first dorsal compartment release, bilateral lateral epicondylitis, and left carpal tunnel syndrome. Past treatments included medications, occupational therapy, acupuncture, and surgery. On 03/16/2015, the patient complained of pain radiating up the arms and the bilateral hands, occasional numbness, difficulty with twisting and gripping motions, weakness, sensitivity, stiffness, and occasional spasms. Physical examination revealed provocative testing of the right side positive for median neuropathy and ulnar neuropathy, right carpal tunnel syndrome, recurrent de Quervain's disease, and right lateral epicondylitis. Current medications included Fluoxetine, Lisinopril, hydrochlorothiazide, acetaminophen-codeine, metronidazole and atorvastatin. The treatment plan included activity modification, diagnostic studies, and a follow-up visit. A request was received for bone scan triple phase for the bilateral upper extremities, cyclobenzaprine, omeprazole, flurbiprofen, transdermal cream, and a topical compound. The rationale for the request was not provided. The Request for Authorization form was dated 03/04/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan Triple phase BUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 268-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Bone scan.

Decision rationale: The Official Disability Guidelines do not recommend bone scan for the upper extremities, except as an option in follow-up evaluation of osseous metastases. The clinical information indicated the injured worker complained of continued pain with radiation, numbness and tingling of the bilateral hands. Physical examination revealed provocative testing of the right side positive for median neuropathy and ulnar neuropathy, right carpal tunnel syndrome, recurrent de Quervain's disease, and right lateral epicondylitis. However, there was no documentation with evidence of osseous metastases. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Bone Scan Triple phase BUE is not medically necessary.

Cyclobenzaprine (Fexmid) 7.5mg, #90, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The clinical information indicated the injured worker complained of continued pain with radiation, numbness and tingling of the bilateral hands. However, there was no evidence of a failed trial of first line medications. Given the absence of the information indicated above, the request is not supported. In addition, there was no clear rationale for the request of a refill without the assessment of efficacy of the medication. Furthermore, the request as submitted did not specify frequency of use of the medication. Therefore, the request Cyclobenzaprine (Fexmid) 7.5mg, #90, 1 refill is not medically necessary.

Omeprazole DR (Prilosec) 20mg, #0, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors with use of NSAIDs in patients at risk for gastrointestinal events. The clinical information indicated that the injured worker has been taking Fluoxetine, Lisinopril, hydrochlorothiazide, acetaminophen-codeine, metronidazole and atorvastatin for an unspecified amount of time. However, there was no documentation with evidence of gastrointestinal events reported by the patient to warrant use of the medication. Given the absence of the information indicated above, the request is not supported. In addition, there was no clear rationale for the request of a refill without the assessment of efficacy of the medication. Furthermore, the request as submitted did not specify frequency of use of the medication. Moreover, the request as specified indicated a quantity of 0. Therefore, the request for Omeprazole DR (Prilosec) 20mg, #0, 1 refill is not medically necessary.

Flurbiprofen 20% Transdermal cream, 30g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

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

Decision rationale: The California MTUS Guidelines recommend topical analgesics when trials of antidepressants and anticonvulsants have failed. The clinical information indicated that the injured worker has been taking Fluoxetine, Lisinopril, hydrochlorothiazide, acetaminophen-codeine, metronidazole and atorvastatin for an unspecified amount of time. However, there was no documentation with evidence of a failed trial of antidepressants or anticonvulsants to warrant use of topical analgesics. Given the absence of the information indicated above, the request is not supported. In addition, the request as submitted did not specify the area of the body in which the medication was to be applied, as topical NSAIDs are not indicated for use of the spine, hip, or shoulder. Furthermore, the request as submitted did not specify frequency of use. Therefore, the request for Flurbiprofen 20% Transdermal cream, 30g is not medically necessary.

Cyclobenzaprine 10%, Gabapentin 1.0% Transdermal, 30g,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

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

Decision rationale: The California MTUS Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. However, there was no documentation with evidence of a failed trial of antidepressants and anticonvulsants. In addition, the guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. The evidence based guidelines specifically state that gabapentin as well as muscle relaxants are not recommended in topical form, disqualifying the use of the compound which contains cyclobenzaprine and gabapentin. In addition, the request as submitted did not specify the area of the body in which the medication was to be applied. Furthermore, the request as submitted did not specify frequency of use. Therefore, the request for Cyclobenzaprine 10%, Gabapentin 1.0% Transdermal, 30g is not medically necessary.