

Case Number:	CM15-0063723		
Date Assigned:	04/09/2015	Date of Injury:	09/15/2014
Decision Date:	06/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/03/2015

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 26-year-old male who reported an injury on 10/10/2014. The mechanism of injury involved heavy lifting. The current diagnosis is bilateral wrist sprain/strain. The injured worker presented on 02/04/2015 for a follow-up evaluation. The injured worker reported 9/10 pain involving the bilateral wrist. Upon examination there was a positive Tinel's and Phalen's sign bilaterally. Range of motion values was not provided. Deep tendon reflexes were 2+/4. Treatment recommendation included prescriptions for gabapentin 400 mg, naproxen 550 mg, Protonix 20 mg and 2 compounded creams. There was no Request For Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg BID for 1 month #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. As such, the request is not medically necessary.

Flurbiprofen 20%/baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is Diclofenac. The request for a compounded cream containing flurbiprofen would not be supported. Muscle relaxants are not recommended for topical use. There is no frequency or quantity listed in the request. Given the above, the request is not medically necessary.

Capsaicin 0.025% cream 120 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is available as a 0.025% formulation as a treatment for osteoarthritis. The injured worker does not maintain a diagnosis of osteoarthritis. There is also no evidence of a failure of oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the request. As such, the request is not medically necessary.

Naproxen 550mg BID for 1 month #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has utilized the above medication since at least 10/2014. Guidelines do not support long-term use of NSAIDs. There is also no documentation of objective functional improvement despite the ongoing use of this medication. Given the above, the request is not medically necessary.