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| Case Number: | CM15-0092201 | | |
| Date Assigned: | 05/18/2015 | Date of Injury: | 12/16/2010 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 04/13/2015 |
| Priority: | Standard | Application Received: | 05/13/2015 |

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

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 43-year-old female, who sustained an industrial injury on December 16, 2010. She reported left hand and wrist pain with associated tingling and numbness. The injured worker was diagnosed as having repetitive strain of the upper extremity, bilateral carpal tunnel syndrome, left shoulder strain, bilateral wrist strain, bilateral median nerve neuropathy and status post carpal tunnel release. Treatment to date has included diagnostic studies, physical therapy, pain injections, and surgical intervention of the left wrist, medication and work restrictions. Currently, the injured worker complains of continued bilateral wrist and hand pain and shoulder pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Electro diagnostic studies of the upper extremities pre and post-operatively revealed bilateral median nerve neuropathy. She reported little improvement with surgical intervention. Evaluation on March 4, 2015, revealed continued pain as noted. Oral and topical compound creams were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The 43-year-old patient presents with bilateral wrist pain, right carpal tunnel syndrome, left carpal tunnel syndrome improved, and bilateral shoulder pain with full range of motion, as per progress report dated 03/24/15. The request is for CYCLOBENZAPRINE 10 mg QTY: 60.00. No RFA could be found for this request, and the date of injury is 12/16/10. The patient is status post left carpal tunnel repair, date of the procedure is not mentioned, as per progress report dated 03/24/15. The patient is taking Ibuprofen for pain relief and is totally disabled until 05/01/15, as per the same progress report. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, Cyclobenzaprine is only documented in progress report dated 03/24/15. In the report, the treater states, "the patient should be on appropriate medication," and thereby recommends Cyclobenzaprine, Gabapentin, Naproxen and Omeprazole. It is not clear, if this is the first prescription for this medication or if the patient has had it in the past. There is no discussion regarding efficacy. There is no indication of muscle spasms during physical examination as well. Additionally, MTUS recommends only short-term use of muscle relaxants. Hence, the treater's request of # 60 is excessive and IS NOT medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: The 43-year-old patient presents with bilateral wrist pain, right carpal tunnel syndrome, left carpal tunnel syndrome improved, and bilateral shoulder pain with full range of motion, as per progress report dated 03/24/15. The request is for OMEPRAZOLE 20 mg QTY: 60.00. No RFA could be found for this request, and the date of injury is 12/16/10. The patient is status post left carpal tunnel repair, date of the procedure is not mentioned, as per progress report dated 03/24/15. The patient is taking Ibuprofen for pain relief and is totally disabled until 05/01/15, as per the same progress report. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to

NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, Omeprazole is only documented in progress report dated 03/24/15. In the report, the treater states, "the patient should be on appropriate medication," and thereby recommends Cyclobenzaprine, Gabapentin, Naproxen and Omeprazole. The patient has been taking Ibuprofen until now. However, it is not clear, if this is the first prescription for Omeprazole or if the patient has had it in the past. There are no diagnoses of medication-induced gastritis. The patient is under 65 years of age and there is no indication of concurrent use of ASA, corticosteroids, and/or an anticoagulant as well. Given the lack of the patient's GI risk assessment, Omeprazole IS NOT medically necessary.

Compound consisting of Flurbiprofen 15%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%, Camphor 1%: 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 topical analgesics Page(s): 111-113.

Decision rationale: The 43-year-old patient presents with bilateral wrist pain, right carpal tunnel syndrome, left carpal tunnel syndrome improved, and bilateral shoulder pain with full range of motion, as per progress report dated 03/24/15. The request is for COMPOUND CONSISTING OF FLURBIPROFEN 15%, CYCLOBENZAPRINE 3%, CAPSAICIN 0.0375%, MENTHOL 2%, CAMPHOR 1%. No RFA could be found for this request, and the date of injury is 12/16/10. The patient is status post left carpal tunnel repair, date of the procedure is not mentioned, as per progress report dated 03/24/15. The patient is taking Ibuprofen for pain relief and is totally disabled until 05/01/15, as per the same progress report. Regarding topical analgesics, MTUS guidelines on page 111, state that there is no evidence for use of any muscle relaxants such as cyclobenzaprine as a topical product. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Regarding Capsaicin, MTUS guidelines state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, a prescription for this topical formulation is only noted in progress report dated 03/24/15. The treater states that the cream is for "her both wrists bilaterally to give her local transdermal relief from her pain." While MTUS supports the use of topical NSAIDs such as Flurbiprofen for peripheral joint arthritis, it does not support the use of cyclobenzaprine in topical form. The use of capsaicin is only recommended for patients who are intolerant to other treatments. Additionally, guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hence, this request IS NOT medically necessary.