Case Number:	CM17-0013716		
Date Assigned:	01/26/2017	**Date of Injury:**	11/12/2016
Decision Date:	02/27/2017	**UR Denial Date:**	12/28/2016
Priority:	Standard	**Application Received:**	01/23/2017

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: Illinois,California,Michigan
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:

This case involves a now 54-year-old female with a history of an occupational claim from 11/12/2016. The mechanism of injury was detailed as cumulative trauma from operating a sewing machine. The current diagnoses are documented as unspecified strain of the right elbow, initial encounter, strain of unspecified muscles, fascia and tendons at forearm level in the right arm, and strain of unspecified muscle, fascia and tendon at right wrist and hand level. Prior treatment had included medications. On 12/12/2016, the patient presented with persistent painful complaints of the right elbow, forearm, wrist, and hand. The patient rated her pain of the elbow at 9/10, the forearm at 9/10, the wrist at 8/10, in the right hand at 9/10. On physical examination of the right elbow, extension was 15° and flexion was 110°. There was muscle spasm noted, tenderness to palpation, and a positive Tinel's test. In the right forearm, there was tenderness to palpation, muscle spasm, and decreased range of motion. On physical examination of the right wrist, there was decreased range of motion, tenderness to palpation, and muscle spasm of the thenar. On the right hand, there was tenderness to palpation of the palm. Motor strength was 5/5 bilaterally in the upper and lower extremities, and deep tendon reflexes were normal and equal bilaterally. There was decreased sensation to the right third, fourth, and fifth digits. The treatment plan included oral medications and an initial trial of chiropractic treatment. The treating provider requested naproxen 500 mg #60, pantoprazole 20 mg #30, dextromethorphan 5% amitriptyline 5% lidocaine/capsaicin 0.025%, 120 g, and flurbiprofen 10% dextromethorphan 5% lidocaine 5% 120 g. The request for authorization form was signed on 12/12/2016. The requests were previously denied on 12/28/2016. The naproxen was previously

denied due to no indication in the clinical note that the medication was only for acute pain, and with a short course of treatment. The pantoprazole had been previously denied due to clinical notes not clearly documenting chronic nonsteroidal anti-inflammatory drug therapy or gastrointestinal complaints associated with medication use. Both topical analgesics were previously denied due to containing ingredients not recommended by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Naproxen (Naprosyn, EC-Naprosyn, EC-Naprosyn, Anaprox, Anaprox DS [otc], Naprelan), NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the California MTUS 2016 Chronic Pain Guidelines, nonsteroidal anti-inflammatory medications are recommended at the lowest dose for the shortest amount of time in patients with moderate to severe pain. Guidelines indicate that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in conditions such as osteoarthritis. In the documentation submitted for review, the patient's previous medication for pain was noted to be acetaminophen 500 mg. The patient had not experienced significant pain relief with this medication, and the treating provider provided an initial prescription on 12/12/2016 for naproxen. However, the patient's pain was noted to be "radiating" in the right upper extremity, with decreased sensation in the digits, consistent with neuropathic pain, for which this medication is not recommended. Therefore, given the above, the request for Naproxen 500mg #60 is not medically necessary.

Pantoprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs, GI symptoms & cardiovascular risk, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Proton Pump Inhibitors (PPIs).

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines recommend proton pump inhibitors for patients at risk for gastrointestinal events. These medications are highly effective further approved indications, including preventing gastric ulcers induced by nonsteroidal anti-inflammatory drugs. In the clinical note dated 12/12/2016, the patient was prescribed a nonsteroidal anti-inflammatory medication for an initial trial. The patient was not noted to have been on long-term nonsteroidal anti-inflammatory medication use prior. Additionally, there was no indication that the patient would be at a high risk of gastrointestinal

events to support the request for a proton pump inhibitor. Given that the naproxen was determined to be not medically necessary, the request for Pantoprazole 20mg #30 is also not medically necessary.

Dextromethorphan 5%/Amitriptyline 5%/Lidocaine/Capsaicin 0.025%, 120grams #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines state any combination medication containing a drug or drug class not recommended, is therefore also not recommended. The requested cream contains dextromethorphan, amitriptyline, lidocaine, and capsaicin. In regard to lidocaine, the guidelines indicate that the only recommended topical formulation of lidocaine is in the form of the Lidoderm patch. Also, the guidelines indicate that topical Lidoderm may be recommended after a trial of first-line therapy such as gabapentin or an antidepressant has failed. There is no indication that the patient had previously tried and failed a line of first-line therapy prior to the request. Regarding capsaicin, the guidelines only recommend this ingredient for patients who have not responded to or are intolerant to other treatments. Given that the guidelines indicate that any medication containing a drug or drug class that is not recommended will also therefore not be recommended, the request for Dextromethorphan 5%/Amitriptyline 5%/Lidocaine/Capsaicin 0.025%, 120grams #1 is not medically necessary.

Flurbiprofen 10%/Dextromethorphan 5%/Lidocaine 5%, 120grams #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines state any combination medication containing a drug or drug class not recommended, is therefore also not recommended. The requested cream contains flurbiprofen 10%, dextromethorphan 5%, and lidocaine 5%. Regarding flurbiprofen, the only recommended topical nonsteroidal anti-inflammatory medication is diclofenac. The requested cream also contains lidocaine, and the guidelines indicate that the only recommended form of topical lidocaine is in the form of the Lidoderm patch. Lidocaine may be recommended for patients have previously tried and failed a first-line therapy of antidepressants or anti-epilepsy drugs. In the documentation submitted for review, there is no indication that the patient had previously tried and failed other first-line treatments prior to the request. Given that the guidelines state that any combination medication containing a drug or drug class that is not recommended will also therefore not be recommended,

the request for Flurbiprofen 10%/Dextromethorphan 5%/Lidocaine 5%, 120grams #1 is not medically necessary.