

Case Number:	CM13-0011753		
Date Assigned:	05/02/2014	Date of Injury:	12/10/2004
Decision Date:	06/10/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year old male who sustained cumulative injury from 11/1996 to 12/10/2004. The patient is being treated for right shoulder pain. A 2013 MRI showed right shoulder degenerative joint disease and acromioclavicular joint degeneration. On 2/7/2014, it was documented as subjective complaint of right shoulder pain with weakness and objective signs of crepitus and decreased strength. The patient was diagnosed with sleep disorder January 2013. The medications listed are Fexmid for muscle spasm, Tramadol for pain and Somnici for the treatment of insomnia. The patient is also utilizing topical compound formulations for pain. A Utilization Review decision was rendered on 7/22/2013 recommending non medically necessary of compound gabapentin/cyclobenzaprine/Tramadol Penderm C #180, compound Flurbiprofen/lidocaine/Amitryptiline PCCA lipo #180 and Somnici.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL PENDERM C 20 DAY SUPPLY, #180, ZERO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

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

Decision rationale: The CA MTUS addressed the use of topical analgesics for the treatment of neuropathic pain. Topical analgesic preparations can be utilized to treat neuropathic pain when trials of anticonvulsant and antidepressant medications have failed. The record did not indicate that the patient have failed to respond to treatment with these medications. The compound preparation contains gabapentin, cyclobenzaprine and tramadol in unspecified concentrations. The guideline recommend that topical medications be tried and evaluated individually for efficacy. The topical formulations of the listed medications does not have FDA approved indications or MTUS guideline support. The record indicate that the patient is also utilizing oral formulations of cyclobenzaprine and tramadol. There is difficulty in dose titration and evaluation of efficacy when medications are being utilized through multiple routes of administration concurrently.

COMPOUNDED FLURBIPROFEN/LIDOCAINE/AMITRIPTYLINE PCCA LIPO, 20 DAY SUPPLY, #180, ZERO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

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

Decision rationale: The CA MTUS addressed the use of topical analgesics for the treatment of neuropathic pain. Topical analgesic preparations can be utilized to treat neuropathic pain when trial of orally administered anticonvulsants and antidepressants have failed. The record did not show that the patient have failed treatments with these first line medications. The topical compound preparation contains Flurbiprofen, lidocaine and Amitriptyline in unspecified concentrations. The guidelines recommend that topical medications be tried and evaluated individually for efficacy. There is lack of FDA indications or guideline support for the use of topical formulations of Amitriptyline and Flurbiprofen. The use of topical lidocaine is any other formulation other than as Lidoderm patch for the treatment of chronic neuropathic pain is not recommended.

SOMNICIN CAP, 30 DAY SUPPLY, #30, ZERO REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chapter pain. Sedative-hypnotics.

Decision rationale: The CA MTUS did not address the use of sedatives and hypnotics in the treatment of insomnia associated with chronic pain. The chronic use of sedatives and hypnotics are associated with the development if tolerance, dependency, habituation, addiction and adverse interactions with narcotic medications. The ODG recommend that the use of sleep medications

be limited to less than 4-6 weeks of treatment. Somnicin is a non benzodiazepine product. The preparation contains melatonin, vitamin 6, magnesium and tryptophan. It is utilized for short term treatment of insomnia, anxiety and depression. The record does not show the duration of treatment with Somnicin. It is recommended that proper sleep hygiene measures be incorporated during medication treatment of of insomnia that is non responsive to non medication measures.