MAXIMUS Federal Services

Case Number:	CM13-0022685		
Date Assigned:	11/13/2013	Date of Injury:	08/18/2008
Decision Date:	01/21/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois, Indianna, and Texas. 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 physician 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:

This is a 52-year-old female with a reported date of injury of 08/18/2008. Mechanism of injury is described as a slip and fall while at work. She was seen in clinic on 11/15/2012, complaining of persistent knee and back pain, with her knee continuing to swell. Patella tendon was tender and grind maneuver was positive and she walked with a limp. Urine drug screen on 01/04/2013 is stated to be consistent and there are no drugs detected, including opiates, antidepressants, or illicit drugs. She was seen back in clinic on 09/03/2013, at which time she reported medications being helpful, sleep was better, but she still has low motivation and pain interferes with her ADLs and sleep. Diagnoses included adjustment reaction mixed emotional and other psychalgia and status post meniscectomy. Treatment going forward would include prescribing medications including Cyclobenzaprine 10% and Gabapentin 10% cream 30 grams, flurbiprofen 20% cream 30 grams, Anaprox 550 mg #120, Prilosec 20 mg #120, and Ultram 50 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10% Gabapentin 10% cream 30gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine, Page(s): 41-42.

Decision rationale: The Physician Reviewer's decision rationale: This is a compounded medication with Cyclobenzaprine and Gabapentin in a 10% cream for each medication. MTUS Chronic Pain Guidelines indicate that topical analgesics such as this are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These agents are applied locally to painful areas and MTUS Chronic Pain Guidelines indicate that there is little to no research to support the use of many of these agents, and any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Specifically for this medication, MTUS Chronic Pain Guidelines indicate that Gabapentin as a compounded cream is not recommended as there is lack of peer reviewed literature to support its use. MTUS Chronic Pain Guidelines discuss muscle relaxants and indicate that, other than Baclofen, which is not recommended, there is no evidence for use of any other muscle relaxants as a topical product. The most recent clinical note indicates that this patient states, at first, that treatment is helpful and sleep is better, but then indicates that she still has low motivation and pain that interferes with ADLs and sleep. The overall efficacy of the medications for this claimant has not been demonstrated. Pain score has not been documented for the most recent clinical note. As such, use of Cyclobenzaprine 10% Gabapentin 10% cream 30 grams is not supported by the records and/or MTUS Chronic Pain Guidelines and this request is non-certified.

Flurbiprofen 20% cream, 30gm: 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 topical analgesics, NSAIDs Page(s): 111-113.

Decision rationale: The Physician Reviewer's decision rationale: This request is for Flurbiprofen 20% cream, 30gm. MTUS Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. MTUS Chronic Pain Guidelines indicate that there is little to no research to support the use of many of these agents, and any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. MTUS Chronic Pain Guidelines go further in discussing nonsteroidal anti-inflammatories such as this, stating the efficacy of nonsteroidal anti-inflammatories as a topical agent has not been demonstrated in clinical trials and has been inconsistent and most studies are small and of short duration. This type of topical NSAID may be superior to placebo in the short term during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2 week period. The effect diminishes over time. The use of this type of medication is recommended for short term use as well. The overall efficacy of this medication has not been demonstrated by the records provided as the patient, on her last clinical note, indicates that her pain still interferes with her ADLs and sleep. Overall efficacy of this medication has not been demonstrated by the records and use of this medication in this form is not supported by MTUS Chronic Pain Guidelines. Therefore, this medication is non-certified.

Anaprox 550mg #120: 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 NSAIDs Page(s): 67-73.

Decision rationale: The Physician Reviewer's decision rationale: This is a nonsteroidal anti-inflammatory. MTUS Chronic Pain Guidelines indicate that this type of medication may be recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. Furthermore, acetaminophen may be considered an initial therapy for patients with mild to moderate pain, and in particular those with gastrointestinal, cardiovascular, or renovascular risk factors. The most recent clinical note provided for this review fails to indicate objectively that this patient has significant pain as the VAS scale has not been provided and there is no indication of significant inflammation for which this medication would be utilized. The drug screen performed on 01/24/2013 supports that she is not any severe pain as there are no opiates or any other medications found on that drug screen. As such, the use of this medication at this time is not supported and this request is non-certified.

Prilosec 20mg #120: 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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The Physician Reviewer's decision rationale: MTUS Chronic Pain Guidelines indicate that, for patients with nonsteroidal anti-inflammatories, the provider should determine if the patient is at risk for gastrointestinal events. This would include documenting whether there was a history of peptic ulcer, GI bleeding or perforation, and if there is concurrent use of ASA, corticosteroids, or an anticoagulant or high dose or multiple NSAIDs being used. If there are no risk factors and no cardiovascular disease, a nonselective NSAID is okay. If there is intermediate risk for gastrointestinal events and no cardiovascular disease, a nonselective NSAID with either a PPI, or proton pump inhibitor, for example 20 mg of Omeprazole daily, may be utilized. The submitted medical records do not document objectively that this patient has a significant past history for GERD or peptic ulcers. The records do not indicate she is currently complaining of gastrointestinal events such as a peptic ulcer, GI irritation, or GERD. The records do not support the continued use of NSAIDs at this time. Therefore, the continued use of this medication is not supported and this request is non-certified.

Ultram 50mg #120: 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 Tramadol, opioids Page(s): 78-113.

Decision rationale: Additionally, for this type of medication, MTUS Chronic Pain Guidelines advocate the monitoring of the 4 A's. This would include monitoring analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior. The drug screen on 01/24/2013 failed to identify any medications. Therefore, it would indicate that she was not in significant pain at that time, otherwise opiates would have been found on the drug screen. On the most recent clinical exam, objective evidence of her pain has not been documented as her VAS score was not documented. A more recent drug screen from 01/24/2013 has not been provided for this review. She continued to state that pain interferes with her ADLs and sleep. Therefore, the 4 A's have not been adequately monitored, and the records do not indicate that other medications have been trialed and/or failed prior to prescribing Ultram. Therefore, this request is not considered supported by guidelines and is non-certified.