

Case Number:	CM13-0026879		
Date Assigned:	06/09/2014	Date of Injury:	09/06/2006
Decision Date:	08/06/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/19/2013

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 Occupational Medicine and is licensed to practice in California. 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 claimant was injured on 09/06/06 when she fell on her knees. Her medications Robaxin, Percocet, and Gabapentin/Ketoprofen/Lidocaine compounded cream are under review. She has a history of degenerative disc disease, trochanteric tendinitis of both hips, and patellar joint disease. On June 10, 2013, a urine drug screen was consistent with her prescription for Percocet. On 09/19/13, [REDACTED] indicated that she was non-certified for Percocet, Ketoprofen, Gabapentin, and Lidocaine compounded cream but was certified for Robaxin and Neurontin. She was using Percocet 5/325 6-8 times per day for moderate to severe breakthrough pain and was using Neurontin 3 times a day for neuropathic pain and Robaxin up to 3 times a day as a muscle relaxant. These medications were again requested. She reported that without medication she would be bedbound or confined to a chair. On 01/20/14, she saw [REDACTED] and had some improvement with physical therapy. Her legs and knees were not so stiff and she was using a walker. She reportedly was injured in August 2013 when she fell and landed on her knees. She had a second fall on uneven ground that aggravated the pain from her first fall and cause more bruising of her left knee. An epidural injection in July 2013 provided some relief and she had weakness in her hands. An MRI was ordered and she was to continue ice and heat and symptomatic medication. She was seeing [REDACTED] for pain management. On 03/03/14, she reported pain levels at 8/10 without medication in 3-4/10 with medication and she had a signed opioid contract at that time. She appeared to be in mild discomfort. She has been on these medications for at least the last year. She saw [REDACTED] on 04/01/14 and reported that without the pain medication her pain level was 10/10 and it was reduced by 50% to 5/10 with medications. She admitted it provides a few hours of relief and she had been using medications around-the-clock for adequate pain control. She was non-certified for Ketoprofen/Gabapentin/Lidocaine compounded product which she did not find effective and it

was discontinued. On 04/02/14, she saw [REDACTED] and was trying to increase her activity and ambulate more. She was awaiting more PT. She received authorization for Gabapentin, Robaxin, and Percocet. She reported pain at level 8/10 without medication and 3-4/10 with medications. Her medications were helping with her activities. She appeared to be in mild discomfort. Her urine drug screen was consistent with her prescribed medications per [REDACTED]. She reportedly had signed a pain medication agreement. She did not report any intolerable side effects and reported improvement in pain levels and function. She saw [REDACTED] on 04/28/14. She complained of low back pain and weakness in her legs with soreness in her hips. She had pain and swelling in both knees and was receiving wound care. She was using a walker and cane. She had a bone infarct noted on an MRI of the left knee on 09/18/13. She also had severe osteoarthritic changes in the medial knee joint compartment and patella joint with lateral subluxation of the patella. There was a rupture of the ACL and tear of the menisci with some edema. The patient has seen [REDACTED] for pain management and her treatment plan included continuing Percocet, Neurontin, and Robaxin. Additional PT was denied by the insurance company. She still needed wound care treatment. She saw [REDACTED] on 04/29/14. She had increased low back pain over the last month and additional PT was pending. She stated she still had benefit from medication to reduce her pain. She complained of low back and lower extremity pain and heaviness in both knees. She had pain in both knees and intermittent abdominal pain due to abdominal hernias. 2 lumbar ESI's had been beneficial. She was prescribed Percocet, Gabapentin, and Robaxin. She noted 60% functional improvement in her activities due to her current medications. She reports reported pain without medication at 8/10 and 2/10 with it. She was using Percocet, Neurontin, and Robaxin. Physical examination revealed a slow antalgic gait and she was using a 2 wheeled walker. There was 1+ muscle spasm. She had mildly decreased range of motion of the low back. There were dressings on the lower extremities. She had a positive straight leg raise on the right side at 45 and mild weakness of the right EHL, hypesthesia in the right L5 dermatome, and moderate swelling and discoloration of both knees with diffuse tenderness and limited range of motion. She was also diagnosed with bilateral trochanteric bursitis. She had bilateral knee pain with significant degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 500MG #90.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, page 97; use of medications Page(s): 94, 97.

Decision rationale: The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in

combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, there is no indication of the presence of significant muscle spasm to warrant the ongoing use of this type of medication. It is not clear what benefit the claimant receives specifically from the use of this medication. There is no documentation that she has been and continues to be involved in an exercise program. The medical necessity of the request for Robaxin 500mg #90 has not been clearly demonstrated. As such, the request is not medically necessary and appropriate.

KETOPROFEN / GABAPENTIN / LIDOCAINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 11-113.

Decision rationale: The MTUS Chronic Pain Guidelines state topical agents may be recommended as an option but are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS Chronic Pain Guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence of failure of all other first line drugs. Topical Gabapentin is not recommended, Ketoprofen is not FDA-approved for topical use due to potentially serious side effects, and lidocaine is only recommended in the form of Lidoderm patch. Topical agents are only recommended in cases of intolerance to first line drugs and there is no evidence of this as trials of acetaminophen and anti-inflammatory medications have not been described. In addition, the claimant has stated that this compounded agent was not beneficial. She remains on several other oral medications, too. Therefore, the medical necessity of this request for compounded topical Ketoprofen/Gabapentin/Lidocaine has not been clearly demonstrated.

PERCOCET 5/325MG #30: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. The MTUS Chronic Pain Guidelines further explains pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain

after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. The claimant's pattern of use of Percocet is unclear other than she takes it several times daily and she reports it is beneficial. There is no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. The quantity requested is only likely to last about five days as she reportedly takes it several times per day (6-8 times daily was mentioned in the file). On 04/29/14, she was taking it every 4-6 hours (4-6 times per day.) As such, the request is not medically necessary and appropriate.