

Case Number:	CM13-0030251		
Date Assigned:	11/27/2013	Date of Injury:	06/12/2012
Decision Date:	07/25/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 50-year-old who reported an injury on June 12, 2012. The mechanism of injury was not provided within the medical records. The clinical note dated August 20, 2013 is handwritten and largely illegible. The diagnoses indicated were sprain of the elbow/forearm NOS, sprain of the wrist, and carpal tunnel syndrome. The injured worker reported pain of 8/10. On physical examination, there was decreased range of motion to the left shoulder and neck. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Norco, naproxen, omeprazole, diazepam and compound creams. The provider submitted a request for Norco, naproxen, omeprazole, diazepam and flurbiprofen 25%/lidocaine 5%/menthol 5% and camphor 1% and tramadol 15%/lidocaine 5%/dextromethorphan 10%/capsaicin 0.025%. A request for authorization dated August 20, 2013 was submitted for naproxen, hydrocodone, diazepam, and compound creams. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%/lidocaine 5%/ menthol 5 %/ camphor 1 %: 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): 98.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is an NSAID (non-steroidal anti-inflammatory drug) indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and recommended for short-term use (four to twelve weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines also state topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. The guidelines state topical lidocaine in the formulation of the dermal patch (Lidoderm) only has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of documentation of the efficacy and functional improvement with the use of this medication. In addition, flurbiprofen is an NSAID that is indicated for osteoarthritis and tendinitis. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for osteoarthritis or tendinitis. In addition, Lidocaine is only indicated in the formulation of the Lidoderm patch. In addition, there was a lack of evidence to indicate the injured worker had neuropathic pain. Additionally, the request did not indicate a frequency or quantity for the medication. The request for for flurbiprofen 25%/lidocaine 5%/menthol 5 %/camphor 1 % is not medically necessary or appropriate.

Tramadol 15%/Lidocaine 5%/dextromethorphan 10%/capsaicin 0.025%: 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): 111-112.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state state topical lidocaine in the formulation of the dermal patch (Lidoderm) only has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. Lidocaine is only designated in the form of the dermal

patch for neuropathic pain. In addition, there is a lack of evidence of neuropathic pain. Additionally, the documentation submitted did not indicate the injured worker had findings that would support he was at risk for postherpetic neuralgia, diabetic neuropathy, or postmastetic pain. Moreover, the documentation submitted did not indicate that the injured worker failed trials of antidepressants or anticonvulsants. In addition, it was not indicated that the injured worker had not responded to other treatments. Additionally, there was lack of documentation of efficacy and functional improvement with the use of this medication. Furthermore, the request did not indicate a frequency or quantity or dosage for the tramadol/Lidocaine/dextromethorphan/capsaicin. The request for tramadol 15%/Lidocaine 5%/dextromethorphan 10%/ capsaicin 0.025% is not medically necessary or appropriate.

Hydrocodone 10/325 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation of the efficacy and functional improvement with the use of this medication. In addition, there is a lack of significant evidence of an objective assessment of the injured worker's pain level, evaluation of risk for aberrant drug use behaviors, and side effects. Furthermore, the request does not indicate a frequency for this medication. The request for hydrocodone 10/325 mg, sixty count, is not medically necessary or appropriate.

Diazepam 10 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker has been prescribed diazepam since at least August 20, 2013. This time frame exceeds the amount of time recommended. In addition, there is a lack of documentation of the efficacy and functional improvement with the use of this medication. Additionally, the request does not indicate a frequency or quantity for this medication. The request for Diazepam 10 mg is not medically necessary or appropriate.