

Case Number:	CM13-0032914		
Date Assigned:	12/11/2013	Date of Injury:	01/31/2011
Decision Date:	07/23/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/08/2013

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 Emergency Medicine and is licensed to practice in 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 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 40-year-old female who reported an injury on 01/31/2011. The mechanism of injury was noted to be the injured worker placed an object into a column that broke and caused her right upper extremity pain. Her prior treatments were noted to be shockwave therapy, chiropractic therapy and physical therapy. It is noted that these therapies did not help. Her diagnoses were noted to be right shoulder impingement syndrome and right shoulder rotator cuff syndrome. The injured worker had a clinical evaluation on 11/14/2013. Her complaints were sharp pain in the cervical spine with radiation of pain, stiffness and weakness. She had complaints of intermittent pain in the right shoulder with burning, numbness, and weakness and lastly, complaints of intermittent pain in the right wrist with burning, numbness and weakness. The injured worker indicated that medications only helped to control pain temporarily. The objective findings included tenderness and spasm upon palpation at the cervical spine. There was tenderness noted upon palpation of the right shoulder with limited range of shoulder motion. There was tenderness to palpation and limited range of motion to the right wrist. The treatment plan included Norco, Flexeril, and Flurbi cream. In addition, the treatment plan included a referral for an MRI scan of the right shoulder with contrast. The provider's rationale for the request was not provided within the documentation. The request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #60 (DISPENSE GENERIC UNLESS DAW): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Guidelines. Title 8, California Code of Regulations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #60 (dispense generic unless DAW) is not medically necessary. The California MTUS Chronic Pain Medication Treatment provides 4 domains that are relevant for ongoing monitoring of chronic pain in patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical evaluation on 11/14/2013 does not provide an adequate pain assessment. The assessment does not note any increase of activities of daily living with use of Norco. The evaluation does not address side effects. The evaluation does not provide a urine drug screen. There is no efficacy noted. In addition, the request for Norco fails to indicate a frequency. Therefore, the request for Norco 10/325 mg, #60 (dispense generic unless DAW) is not medically necessary.

FLEXERIL 5MG, #90 (DISPENSE GENERIC UNLESS DAW): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Guidelines. Title 8, California Code of Regulations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The request for Flexeril 5 mg #90 (dispense generic unless DAW) is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines indicate antispasmodics are used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. Flexeril is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Flexeril is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Flexeril's greatest effect appears to be in the first 4 days of treatment. The guidelines state this medication is not recommended to be used for longer than 2 to 3 weeks.

Based on the documentation provided for this review, the injured worker has been using Flexeril since at least 10/03/2013. The clinical evaluation on 11/14/2013 does not note any efficacy with use of Flexeril at the time of the most recent evaluation. The use of Flexeril for this duration exceeds the recommendations of the guidelines. The provider's request fails to indicate a frequency. As such, the request for Flexeril 5 mg, #90 (dispense generic unless DAW) is non-certified.

FLURBI (NAP) CREAM- LA 180GM (FLURBIPROFEN 20%-LIDOCAINE 5%-AMITRIPTYLINE 5%) QTY NOT GIVEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Guidelines. Title 8, California Code of Regulations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Flurbi (NAP) cream - LA 180 gm (Flurbiprofen 20% - Lidocaine 5% - Amitriptyline 5%) qty not given is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many are compounded as monotherapy or in combination for pain control but there is little to no research to support the use of many of these agents. Any compound product that contains at least one drug (or class of drug) that is not recommended, is not recommended. The use of the compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. This request contains flurbiprofen 20%. Flurbiprofen is indicated for osteoarthritis and mild to moderate pain. The efficacy for this NSAID in clinical trials for treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment but not afterward, or with a diminishing effect over another 2 week period. This medication also contains lidocaine 5%. The guidelines state topical lidocaine, in the form of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. For non-neuropathic pain, the guidelines do not recommend lidocaine. There was only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results show there was normal superiority over placebo. The medication contains amitriptyline 5% but guidelines do not recommend amitriptyline. There is currently one phase 3 study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy induced peripheral neuropathy. There is no peer reviewed literature to support this. The clinical evaluation fails to indicate any efficacy with prior treatment of flurbi. The documentation fails to provide failed trials of antidepressants and anticonvulsants. The injured worker does not have any documented diagnoses appropriate for the guideline recommended topical uses of topical analgesics. The provider failed to indicate a quantity and a frequency and dosage of the request. Any compounded product that contains at least one drug or drug class that is not recommended is

not recommended. Therefore, the request for Flurbi (NAP) cream - LA 180 gm (Flurbiprofen 20% - Lidocaine 5% - Amitriptyline 5%) qty not given is non-certified.

GABACYCLOTRAM, 180GM (GABAPENTIN 10%-CYCLOBENZAPRINE 5%-TRAMADOL) QTY NOT GIVEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Guidelines. Title 8, California Code of Regulations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Gabacyclotram, 180 gm (gabapentin 10% - Cyclobenzaprine 5% - tramadol) qty not given is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many are compounded as monotherapy or in combination for pain control but there is little to no research to support the use of many of these agents. Any compound product that contains at least one drug (or class of drug) that is not recommended, is not recommended. The use of the compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The requested medication contains gabapentin. According to the guidelines, gabapentin is not recommended topically. There is no peer reviewed literature to support its use. The topical cream also contains cyclobenzaprine. The guidelines indicate cyclobenzaprine is a skeletal muscle relaxant and is central nervous system depressant with similar effects to tricyclic antidepressants. The guidelines recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. This medication is not recommended to be used for longer than 2 to 3 weeks. Finally, the medication cream contains tramadol. Tramadol is a synthetic opioid affecting the central nervous system. The guidelines do not indicate tramadol for topical use. In addition, the evaluation does not have any documented efficacy or side effects with use of this medication. The request fails to indicate a dosage, frequency, and application site and a quantity. Therefore, the request for Gabacyclotram, 180 gm (gabapentin 10% - Cyclobenzaprine 5% - tramadol) qty not given is non-certified.