

Case Number:	CM13-0045394		
Date Assigned:	12/27/2013	Date of Injury:	07/26/2005
Decision Date:	02/26/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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 & 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 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 61 year-old male sustained an injury on 7/26/05 while employed by [REDACTED]. Requests under consideration include Compound Med: Flurbiprofen (NAP) Cream- LA (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%) as transdermal cream #180gms, Compound Med: Gabacyclotram (Gabapentin 10%/ Cyclobenzaprine 6%/ tramadol) as transdermal medication #180gms, Flexeril 5mg 1 tablet by mouth three times a day #90, and Ultram 50mg 1 tablet by mouth every 4 to 6 hours as needed #90. Diagnoses include s/p left arthroscopic shoulder surgery, left wrist CTS, and left elbow epicondylitis. Report of 10/16/13 from [REDACTED] noted subjective complaints of constant pain at left shoulder, elbow and wrist. Exam noted tenderness and limited motions of left shoulder, elbow, and wrist. Prescriptions given included Ultram, Flexeril and 2 topical compounded analgesics that contained an opiate and muscle relaxant as well. Requests were non-certified on 10/24/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Med: Flurbiprofen (NAP) Cream- LA (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%) as transdermal cream #180 grams.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Ingredients are listed as Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%, all of which are not recommended per MTUS Chronic Pain Guidelines. There is little evidence to utilize topical NSAIDs for treatment of the shoulder especially without diagnoses of osteoarthritis. There is no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID nor is there a contraindication to an oral NSAID use for this patient. Submitted reports have not demonstrated how it is medically necessary to treat this injured worker with a topical compound cream. The Compound Med: Flurbiprofen (NAP) Cream- LA (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%) as transdermal cream #180gms is not medically necessary and appropriate.

Compound Med: Gabacyclotram (Gabapentin 10%/ Cyclobenzaprine 6%/ Tramadol) as transdermal medication #180gms.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. The ingredients are listed as Gabapentin, Cyclobenzaprine, and Tramadol, all of which are not recommended per the MTUS Chronic Pain Guidelines. There is no significant documented pain relief or functional improvement from treatment already rendered from this topical cream nor is there a contraindication to an oral NSAID use for this patient. The patient is also being prescribed the same oral medication equivalent of Ultram and Flexeril to the Tramadol and Cyclobenzaprine topicals. Submitted reports have not demonstrated how it is medically necessary to treat this injured worker with a topical compound cream. The Compound Med: Gabacyclotram (Gabapentin 10%/ Cyclobenzaprine 6%/ tramadol) as transdermal medication #180gms is not medically necessary and appropriate.

Flexeril 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Muscle Relaxants..

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2005. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use. The Flexeril 5mg 1 tablet by mouth three times a day #90 is not medically necessary and appropriate.

Ultram 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 79-80.

Decision rationale: Per the MTUS Chronic Pain Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Ultram 50mg 1 tablet by mouth every 4 to 6 hours as needed #90 is not medically necessary and appropriate.