

Case Number:	CM13-0048991		
Date Assigned:	06/09/2014	Date of Injury:	02/05/2012
Decision Date:	08/04/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	11/07/2013

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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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 injured worker is a 63-year-old male with date of injury 2/5/12 with related lumbar spine pain. Per progress report dated 5/14/13, he rated pain at 7-8/10 in intensity. Per physical exam, there was diffuse tenderness to palpation noted over the lumbar paraspinal muscles. There was mild tenderness noted over the lumbar facets at the L4 through S1 levels. Supine Straight Leg Raise was positive bilaterally. Magnetic resonance imaging (MRI) of the lumbar spine dated 1/8/13 revealed at L4-L5 a posterior annular tear of the intervertebral disc with accompanying 4mm post disc bulge resulting in mild canal stenosis; at L5-S1 there is a 1-2mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. He was refractory to physical therapy, acupuncture, and medication management. The date of UR decision was 9/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE FLURBIPROFEN/LIDOCAINE/AMITRIPTYLINE DISPENSED ON 5/26/2013 (DURATION AND FREQUENCY UNKNOWN): 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 Topical Analgesics Page(s): 60, 111-112.

Decision rationale: Per MTUS with regard to Flurbiprofen (page 112), "(Biswal, 2006) these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety." Flurbiprofen may be indicated. Per the article "Topical Analgesics in the Management of Acute and Chronic Pain" published in Mayo Clinic Proceedings (Vol 88, Issue 2, p 195-205), "Studies in healthy volunteers demonstrated that topical amitriptyline at concentrations of 50 and 100 mml/L produced a significant analgesic effect ($P<.05$) when compared with placebo and was associated with transient increases in tactile and mechanical nociceptive thresholds." Amitriptyline may be indicated. With regard to lidocaine MTUS page 112 states "Further research is needed to recommend this treatment for chronic neuropathic pain disorders and other than post-herpetic neuralgia" and "Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)". The injured worker has not been diagnosed with post-herpetic neuralgia. Lidocaine is not indicated. The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended."

RETROSPECTIVE GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL DISPENSED ON 5/26/2013 (DURATION AND FREQUENCY UNKNOWN): 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Per MTUS page 113 with regard to topical cyclobenzaprine, "There is no evidence for use of any other muscle relaxant as a topical product." Per MTUS, page 113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." The MTUS is silent on the use of tramadol topically. However, note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS page 60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and

function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.