

Case Number:	CM13-0057104		
Date Assigned:	07/02/2014	Date of Injury:	06/10/2002
Decision Date:	08/29/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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:

This 60 year old patient had a date of injury on 6/10/2002. The mechanism of injury was not noted. In a progress noted dated 11/4/2013, subjective findings included pain in left calf and left knee. He has pain with walking, standing, and climbing. Objective findings included left calf tenderness and spasm. Diagnosis was strain/sprain left calf, sprain left ankle, internal derangement bilateral knees. The patient is unable to return to work. Treatment to date has consisted of medication therapy and behavioral modification. A UR decision dated 11/14/2013 denied the request for cyclobenzaprine 7.5mg #90, Hydrocodone 325mg #60, Colace 100mg, compounded flurbiprofen cream, and compounded cyclobenzaprine/tramadol cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The

effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In the reports viewed, there was no documentation of an acute exacerbation that would justify the use of this medication. Furthermore, it is not clear how long this medication is intended to be used. Therefore, the request for cyclobenzaprine 7.5mg #60 is not medically necessary.

Hydrocodone 325 mg #60 with four refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports viewed, there was no documented functional improvement or continued analgesia noted with this opioid. Furthermore, there was no evidence of CUREs monitoring, pain contract, or urine drug screens. Therefore, the request for hydrocodone 325 mg #60 x4 is not medically necessary.

Colace (docusate sodium) 100 mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/dss-oral-rectal.html>.

Decision rationale: MTUS does not address this issue. Docusate is a stool softener. Docusate is used to treat or prevent constipation, and to reduce pain or rectal damage caused by hard stools or by straining during bowel movements. In the reports viewed, there was no documentation that the patient suffered from constipation. Furthermore, there was no quantity specified. Therefore, the request for docusate 100mg is not medically necessary.

Compound topical cream flurbiprofen: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that 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. 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 these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not recommended as a topical analgesic. In the reports viewed, it was not clear if the patient has failed an 1st line oral NSAID such as ibuprofen or naproxen. Furthermore, there was no quantity specified in this request. Therefore, the request for compound topical cream flurbiprofen is not medically necessary.

Compound topical cream cyclobenzaprine-tramadol: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is then not recommended. Both cyclobenzaprine and tramadol are not recommended in topical form as an analgesic. In the reports viewed, there was no documentation of the patient failing an oral analgesic regimen which might require a topical compound. There was no quantity specified in this request. Therefore, the request for topical compound cyclobenzaprine/tramadol is not medically necessary.