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| Case Number: | CM13-0068143 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 11/23/2005 |
| Decision Date: | 05/23/2014 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 12/19/2013 |

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 Pain Management 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 patient is a 60 year old, female, former sales personnel, with a date of injury last November 19, 2005. She submitted a request for Vicodin 7.5/750MG #120 and TGICE 8/10/2% 180MG to use for her chronic lower back and bilateral knee pain. Progress notes from 2012-2013 revealed that the patient has been complaining of chronic lower back pain, bilateral knee pain, and recurrent episodes of falling and hurting her ankles bilaterally. The patient was noted to be on long-term Vicodin and topical analgesic of a different brand, however, the dates of first use were not indicated in the report reviewed. There were reports of gastrointestinal upset due to long-term use of Vicodin, a proton pump inhibitor was prescribed to the patient and was asked to wean from Vicodin. Latest progress notes from November 22, 2013 reported that there was persistence of the patient's condition. Physical examination revealed: spasm over the lumbar spine; tightness and tenderness over the paralumbar musculature; reduced range of motion; slow gait; weakness of both lower extremities; decreased sensation from L5-S1 dermatomes; weakness to extension; reduced range of motion on both knees; crepitus; painful partial deep knee bend; and weakness against leg extension. It was deemed necessary by the examining physician that the patient needed compounded topical medications which are administered in-office per physician instruction. The efficacy of the medications should have been reviewed upon the patient's return; however, the patient was lost to follow-up. The current status of the patient is unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 7.5/750 MG #120: Upheld

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

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

Decision rationale: Vicodin is analgesic medication containing both Acetaminophen and Hydrocodone; it is usually used for moderate to severe pain. Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was noted to be on long-term Vicodin use since 2012, prescribed to help alleviate chronic pain on her lower back and bilateral knees. However, the documentation did not specify objective functional gains from the use of this medication such as improved ability to perform activities of daily living or improved pain scores. Therefore, the request for Vicodin 7.5/750MG is not medically necessary.

TGICE 8/10/2% #180 GM: 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): 111-113.

Decision rationale: TGICE is a topical analgesic containing Tramadol, an opioid analgesic used for moderate to severe pain; Gabapentin, an antiseizure drug, it is also used for neuropathic pain. Pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesic creams are considered highly experimental without proven efficacy and that Gabapentin is not recommended for topical application. CA MTUS does not support topical opioids. The CA MTUS Chronic Pain Medical Treatment Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, TGICE was noted to contain Gabapentin and Tramadol, both of which are not supported for topical use. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for TGICE 8/10/2% 180GM is not medically necessary.