

Case Number:	CM13-0068436		
Date Assigned:	01/03/2014	Date of Injury:	08/24/2011
Decision Date:	05/30/2014	UR Denial Date:	12/04/2013
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 Medicine and is licensed to practice in Florida. 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 64-year-old male who reported an injury on 08/24/2011. The mechanism of injury was the injured worker was trying to move freight that was in the wrong way in the trailer. The injured worker tried to move a heavy piece of freight and while he was trying to pull the pallet towards the tail of the trailer the pallet jack slipped and the injured worker fell backwards out of the trailer onto the pavement. The injured worker underwent an open radical resection of soft tissue tumor from ankle joint, peroneal tendon synovectomy, reconstruction of the anterolateral capsule, and ankle ligaments using a graft and a neuroplasty of the sural nerve on 12/12/2012. The diagnosis was left ankle pigmented villonodular synovitis tumor. The medication history included NSAIDs and muscle relaxants as of 2012. The injured worker was utilizing topical compounds on 08/02/2013. The documentation of 11/01/2013 revealed the injured worker had been taking Hydrocodone, Norflex, and Relafen, and indicated he got good relief with topical compounds. The diagnoses included cervical spine sprain/strain, MRI finding of disc protrusions, thoracic and lumbar spine sprain/strain, lumbar radiculopathy, and 2 surgeries to the left ankle. The injured worker had a physical examination which revealed paravertebral muscle spasm and tenderness in the lower lumbar region. The treatment plan included cervical epidural steroid injection, a transforaminal epidural steroid injection, starting the injured worker on Gabapentin 600 mg at night, Relafen 500 mg twice a day as needed, and Norflex 100 mg twice a day as needed. It was indicated the physician was starting the injured worker on topical compounds including TGIce and FluriFlex to apply 2 to 3 times a day as needed. The injured worker complained of pain in the low back radiating to the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RELAFEN 500MG PO BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Specific Drug List And Adverse Effects, Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the treatment of acute low back pain. There should be documentation of objective decrease in pain and an objective increase in function. The clinical documentation indicated the injured worker had been utilizing this classification of medication since 2012. There was a loss of function of objective functional benefit and objective decrease in pain. Given the above, the request for Relafen 500 mg by mouth, twice a day as needed #60 is not medically necessary.

NORFLEX 100MG PO BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing this classification of medication since 2012. There was a lack of documentation of objective functional improvement. Given the above, the request for Norflex 100 mg by mouth, twice a day as needed #60 is not medically necessary.

TOPICAL COMPOUND TG ICE AND FLURIFLEX TO BE APPLIED TWO TO THREE TIMES A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 105, 111, 113, 72, 41.

Decision rationale: The California MTUS indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended....Topical Salicylates are recommended... A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy....Gabapentin: Not recommended. There is no peer-reviewed literature to support use. The clinical documentation submitted for review indicated the injured worker had neuropathic pain and had been utilizing topical creams since 08/2013. There was a lack of documentation of efficacy of topical creams. The injured worker was noted to be taking Gabapentin. The clinical documentation submitted for review failed to indicate a necessity for both a topical and oral form of Gabapentin. The request as submitted failed to indicate the quantity, strength and frequency for TGIce. The request for a topical compound (TGIce) would not be supported. The California MTUS indicates 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....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration... California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of Cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to indicate the injured worker had osteoarthritis. The request was concurrently being reviewed with an oral NSAID. There was lack of documentation indicating a necessity for 2 forms of NSAIDs. This request was being reviewed with another muscle relaxant. There was lack of documentation indicating a necessity for both an oral and topical form of a muscle relaxant. The request for FluriFlex failed to indicate the frequency, strength and quantity of medication being requested. Given the above, the request for topical compound TGIce and FluriFlex to be applied 2 to 3 times a day is not medically necessary.

GABAPENTIN 600MG PO AT NIGHT #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs, Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs, Page(s): 16-19.

Decision rationale: The California MTUS Guidelines recommend antiepileptic medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The starting regimen of 300 mg once daily on Day 1, then increase to 300 mg twice daily on Day 2; then increase to 300 mg three times daily on Day 3. The dosage may be increased as needed up to a total daily dosage of 1800 mg in three divided doses. There was a lack of documentation indicating the injured worker had utilized a lower dose of Gabapentin and needed upward titration to support the necessity for

600 mg dose. Given the above, the request for Gabapentin 600 mg by mouth at night #30 is not medically necessary.