

Case Number:	CM14-0004466		
Date Assigned:	06/11/2014	Date of Injury:	01/09/2002
Decision Date:	07/14/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 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 47-year-old male who reported an injury on 01/09/2002. The mechanism of injury was not provided within the medical records. The clinical note dated 04/29/2014 indicated diagnoses of cervical spine sprain/strain, C4-5 and C5-6 right-sided neural foraminal stenosis, status post L4-5 and L5-S1 posterior lumbar interbody fusion on 03/28/2006 and status post L4-5 and L5-S1 hardware removal on 06/06/2009. The injured worker reported constant numbness and tingling and burning sensation to his bilateral feet and leg pain. He also complained of neck and bilateral upper extremity pain described as burning, stabbing, and aching with numbness, pins and needles sensation. The injured worker indicated that his pain level was at 7- 8/10. On physical examination of the lumbar spine, there was tenderness in the paraspinal musculature. Range of motion of the lumbar spine was flexion 20 degrees, extension was 15 degrees, rotation to the right was 15 degrees, to the left was 10 degrees, tilt to the right was 15 degrees, and tilt to the left was 15 degrees. The injured worker's sensation with the pinwheel was slightly abnormal. The injured worker's prior treatments include surgery, and medication management. The injured worker's medication regimen included Norco, Zolpidem, Lyrica, Hydrocodone/APAP, and Tramadol. The provider submitted a request for retrospective TGIce, retrospective Fluriflex cream, and retrospective Zolpidem 10 mg. A Request for Authorization was submitted on 04/29/2014; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TGICE (TRAMADOL/GABAPENTIN/MENTHOL/CAMPBOR 8/10/2/2) CREAM 180GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The request for retrospective TGIce (tramadol/gabapentin/menthol/camphor 8/10/2/2) cream 180 gm is non-certified. The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. It is 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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Gabapentin is not recommended. There is no peer-reviewed literature to support gabapentin's use. In addition, the request did not provide a quantity or frequency for the medication. Therefore, the retrospective TGICE cream 180 gm is non-certified.

RETROSPECTIVE FLURIFLEX (FLURBIPROFEN/CYCLOBENZAPRINE 15/10%) CREAM 180 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The request for retrospective fluriflex (flurbiprofen/cyclobenzaprine 15/10%) cream 180 gm is non-certified. The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. It is 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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these

compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Flubiprofen, an NSAID that is indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment it is recommended for short-term use (4 to 12 weeks). The documentation did not indicate that the injured worker had findings that would support that he was at risk for osteoarthritis or tendinitis. Cyclobenzaprine is a muscle relaxant, the guidelines indicate there is no evidence for use of any other muscle relaxant as a topical product. In addition, there was a lack of evidence in the documentation of muscle spasms, and cyclobenzaprine is not recommended. The guidelines indicate any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Furthermore, the request did not provide a quantity or frequency for the medication. Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request for retrospective fluriflex cream 180 gm is non-certified.

RETROSPECTIVE ZOLPIDEM 10MG 1 AT HS PRN SLEEP, # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ambien.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, AMBIEN.

Decision rationale: The request for retrospective zolpidem 10 mg at bedtime as needed for sleep #30 is non-certified. The Official Disability Guidelines (ODG) state that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term, usually 2 to 6 weeks, treatment of insomnia. Zolpidem is in the same drug class as Ambien. The guidelines also state proper and various medications may provide short-term benefit while sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. The guidelines state is a short acting, short term treatment of insomnia. The injured worker has been prescribed this medication since at least 05/2013, this exceeds the guidelines recommendations of short-term of 2-6 weeks. Additionally, there is lack of documentation of efficacy and functional improvement. In addition, the documentation submitted did not indicate that the injured worker had findings that would support that he was at risk for a sleep disorder. Furthermore, there is a lack of documentation submitted of failure of sleep aids or over-the-counter sleep aids. Therefore, the request is non-certified.