

Case Number:	CM14-0018563		
Date Assigned:	04/18/2014	Date of Injury:	03/20/2008
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/13/2014

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 Internal Medicine & Emergency 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:

This patient is a 62 year-old with a date of injury of 03/20/08. A progress report associated with the request for services, dated 01/13/14, identified subjective complaints of bilateral forearm and hand pain. There is associated tingling and numbness. Objective findings included dysesthesia of the left upper extremity. Motor function was normal. Diagnoses included Complex Regional Pain Syndrome I of the upper extremities. Treatment has included home exercises, oral and topical analgesics, antidepressants, hypnotics, as well as anti-seizure agents. A Utilization Review determination was rendered on 01/31/14 recommending non-certification of "lidocaine gel 2%, #2, with 2 refills - prescribed 12/16/2013; Cyclogaba cream 10%/10%, #1 with zero refills - prescribed 12/16/13; and Meloxicam 7.5mg, #30 tablets, with zero refills - prescribed 12/16/2013".

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE GEL 2%, #2, WITH 2 REFILLS - PRESCRIBED 12/16/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidocaine..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Lidocaine is a topical anesthetic. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. Further, the Guidelines note that lidocaine showed no superiority over placebo for chronic muscle pain. Also, the FDA has issued warnings about the safety of these agents. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, there is evidence of neuropathic pain that has failed complete control with other treatment modalities. However, this formulation of lidocaine is not recommended. Therefore, the record does not document the medical necessity for lidocaine gel and the request is thus not medically necessary.

CYCLOGABA CREAM 10%/10%, #1 WITH ZERO REFILLS - PRESCRIBED 12/16/13:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Baclofen; Gabapentin..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

Decision rationale: The requested compound consists of gabapentin, an anti-seizure agent, and Cyclobenzaprine, a muscle relaxant. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The MTUS Guidelines state that gabapentin is: "Not recommended. There is no peer-reviewed literature to support use." The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, there is no documented medical necessity for the addition of gabapentin in the topical formulation for this patient. The MTUS Guidelines state that there is no specific evidence for baclofen or any other muscle relaxant as a topical product. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, there is no necessity for the addition of Cyclobenzaprine in the topical formulation for this patient. Therefore, in this case, the request is not medically necessary.

MELOXICAM 7.5MG, #30 TABLETS, WITH ZERO REFILLS - PRESCRIBED 12/16/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: Meloxicam (Mobic) is primarily a COX-2 inhibitor non-steroidal anti-inflammatory agent (NSAID). NSAIDs have been recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. There is inconsistent evidence for the long-term treatment of neuropathic pain with NSAIDs. Precautions should be taken due to side effects. Since NSAIDs are recommended for the shortest period possible, there must be documented evidence of functional improvement to extend therapy beyond that. In this case, the record indicates that the claimant stopped the drug due to side-effects. Therefore, the record does not document the medical necessity for meloxicam.