MAXIMUS Federal Services

Case Number:	CM14-0110474		
Date Assigned:	08/06/2014	Date of Injury:	07/28/2010
Decision Date:	10/14/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 59-year-old male who reported an injury on 07/28/2010. The mechanism of injury occurred while the injured worker pushed a dolly. His diagnoses included lumbar spinal stenosis L3-S1, right knee pain, and left knee osteoarthritis. The injured worker's past treatments included medications, a knee brace, physical therapy, injections, and left knee arthroscopy. His diagnostic exams were not indicated in the clinical notes. The injured worker's surgical history consisted of a left knee arthroscopy; the date was unspecified. On 04/07/2014, the injured worker complained of low back pain that radiated to the left leg and S1 nerve root distributions. He reported that his pain level varied throughout the day and rated his pain 6/10. There was also notation of diffuse pain in the bilateral knees. The physical exam revealed decreased range of motion of the lumbosacral spine. The range of motion measurements were 60 degrees of flexion, 25 degrees of extension, 25 degrees of right lateral flexion, and 25 degrees of left lateral flexion. There was also moderate swelling over the bilateral knees with medial and joint line tenderness over the bilateral knees. The range of motion values to his knees were, 130 degrees of flexion and 0 degrees of extension. The injured worker's medications included Cyclobenzaprine, Hydrochloride, Tramadol, Naproxen, Gabapentin, Flurbiprofen, Tramadol, and Dextromethorphan. The treatment plan encompassed the use of a compound topical analgesic, a request for chiropractic manipulation, and physical therapy. A request was received for Tramadol/Flurbiprofen/Cyclobenzaprine and also Gabapentin/Amit/Tramadol. The rationale for the request was not indicated. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/ Flurbiprofen/ Cyclobenzaprine (unspecified dosage & quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In regards to the use of topical NSAIDs, the guidelines state that this treatment may be recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment; however, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. In regards to cyclobenzaprine, the guidelines state that the use of topical muscle relaxants is not recommended as there is no evidence to support their use as topical products. There is a lack of documentation regarding the failure of antidepressants or anticonvulsants. Also, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, the request does not specify the dose, frequency, quantity, or site of application. Therefore, the request for Tramadol/Flurbiprofen/Cyclobenzaprine with an unspecified dose and quantity is not medically necessary.

Gabapentin/ Amit/ Tramadol (unspecified dosage & quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend topical Gabapentin because there is no peer-reviewed literature to support its use as a topical analgesic. Additionally, the request as submitted does not specify a frequency of use, dose, quantity, or site of application. The requested cream contains at least one drug that is not recommended;

therefore, use of the requested cream is not supported. As such, the request for gabapentin/amit/tramadol is not medically necessary.