

Case Number:	CM14-0115062		
Date Assigned:	08/04/2014	Date of Injury:	06/30/2001
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/23/2014

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 Texas and Ohio. 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 62-year-old female who reported injury on 06/30/2001. The mechanism of injury was not supported in the documentation. The injured worker has diagnoses of cervical radiculopathy, left shoulder sprain, right wrist sprain, carpal tunnel syndrome, status post left carpal tunnel release, lumbosacral syndrome with sciatica, bilateral knee sprain and bilateral heel sprain. Past medical treatment of the injured worker includes medial branch blocks times 2, epidural steroid injections with fluoroscopy, group therapy, physical therapy, acupuncture and medication therapy. Medications include Celexa 30 mg daily, doxepin 10 mg before bedtime, fentanyl 50 mcg, and Lidoderm 10 mcg. The injured worker underwent a CT of the lumbar spine without contrast and a bone scan with SPECT of the lumbar spine as well. The injured worker is status post carpal tunnel release of the left wrist. The injured worker complained about her neck as well as her lower back. There were no measurable pain levels documented on the submitted report. Physical examination dated 05/07/2014 revealed that the injured worker had tenderness to palpation at the lumbosacral junction as well as superior iliac crest. Motor strength testing was intact. Range of motion, forward flexion was 30 degrees and extension was 20 degrees. Examination of the cervical spine demonstrated function range of motion; however, there was notable limitation with lateral bending. Motor strength testing appeared to be intact in upper extremities as well. Treatment plan for the injured worker at this point is to address the myofascial origin to her pain. The provider advised the injured worker to hold off on any additional surgery of her neck and back for the time being and to continue with her home exercise program, also to continue her medication regimen. The rationale was not submitted for review. Request for Authorization form was submitted on 04/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(retro) DOS 05/05/14 Lido/ Flurbi/ Mediderm base 10%/25% #240: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical Compounded Medication.

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

Decision rationale: The request for (retro) DOS 05/05/14 Lido/ Flurbi/ Mediderm base 10%/25% #240 is non-certified. The injured worker complained about her neck as well as her lower back. There were no measurable pain levels documented on the submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that 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. 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. Guidelines also stipulate that the use of Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Given the above, the injured worker is not within the MTUS Guidelines. Furthermore, in the submitted report, there was no documentation as to where the cream would be applied and the amount. There was also a lack of evidence of effectiveness of the current medications that the injured worker was taking. There was no quantified evidence as to whether the injured worker had trialed and failed antidepressants and/or anticonvulsants. There was also no rationale as to why the injured worker would require a topical location versus oral medications. The submitted request was for a compound that, per MTUS Guidelines, is not recommended. As such, the request for Lido/ Flurbi/ Mediderm base is not medically necessary.

(retro) DOS 05/05/14 Diclo/Tram 25%/ 15% 240gms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical Compounded Medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s) 111-112 Page(s): 111-112..

Decision rationale: The request for Diclofenac 25%, Tramadol 15% - 240 grams is non-certified. The injured worker complained about her neck as well as her lower back. There were

no measurable pain levels documented on the submitted report. The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, 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, therefore, 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. The MTUS also states that the efficacy of NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs such as Diclofenac 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. Given the above and evidence in the submitted reports, the use of diclofenac 25% and tramadol 15% is not recommended. There was a lack of quantified evidence effectiveness of the current medications the injured worker was taking. The efficacy is also questionable and there was no evidence of the injured worker having trialed and failed any antidepressants or anticonvulsants. There was also no rationale as to why the injured worker would require a topical lotion versus oral medications. Furthermore, the request did not specify a location of the medication, a dosage or frequency. As such, the request for (retro) diclofenac 25%, tramadol 15% 240gms is not medically necessary.