MAXIMUS Federal Services

Case Number:	CM14-0121234		
Date Assigned:	08/06/2014	Date of Injury:	03/13/2013
Decision Date:	09/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/31/2014

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 and Rehabilitation and Pain Medicine 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 55-year-old male with a reported date of injury of 03/13/2013. The mechanism of injury was noted to be from a motor vehicle accident. His diagnoses were noted to include herniated nucleus pulposus at C3-4, severe left foraminal stenosis at C6-7, bilateral upper extremities radiculopathy, right elbow sprain/strain, right shoulder rotator cuff tear and proximal tendon tear with subacromial impingement, spinal stenosis with herniated nucleus pulposus at L4-5, posterior annular tear at L5-S1, left lower extremity radiculopathy, myoligamentous sprain/strain to the bilateral hips, and status post lumbar decompression and microdiscectomy. His previous treatments were noted to include physical therapy, subacromial corticosteroid injections, and epidural steroid injections and medications. the progress note dated 05/16/2014 revealed the injured worker complained of constant neck pain rated 9/10 to 10/10 with radiation to the bilateral upper extremities with associated numbness and tingling. The injured worker also complained of low back pain rated 9/10 to 10/10 with radiation to the bilateral lower extremities and specifically into the bilateral heels. The injured worker also complained of constant right shoulder pain rated 9/10 to 10/10 with radiation to the arm and constant right elbow pain rated 9/10 to 10/10. The injured worker complained of constant right hand/wrist and bilateral hip pain rated 9/10 to 10/10. The injured worker indicated his neck, low back, right shoulder, right elbow, right wrist/hand, and bilateral hip pain felt the same since his last visit. His medications were noted to include Soma, Norco, and topical creams. The physical examination revealed paraspinal spasms and tenderness over the lumbar spine and cervical spine. The Spurling's and straight leg raise were noted to be positive. There was weakness noted in the upper extremities. The request for authorization form dated 05/16/2014 was for Norco 10/325 mg 1 twice a day as needed for pain #60; Soma 350 mg 1 by mouth twice a day as needed for spasms #60; flurbiprofen 20% cream 120 gm for pain, stiffness, and swelling; ketoprofen 20% 100 gm/ketamine 10% cream

120 gm for pain; and gabapentin 10%/cyclobenzaprine 10%/capsaicin 0.0375% cream 120 gm for neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

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

Decision rationale: The request for Soma 350 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. The California MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There was a lack of documentation regarding muscle spasms to warrant Soma. The guidelines recommend short-term utilization of muscle relaxants and the efficacy appears to diminish over time and the injured worker has been utilizing this medication since 04/2014. Additionally, there was a lack of documentation regarding efficacy of this medication and the request failed to provide the frequency at which this medication was to be utilized. Therefore, the request is not medically necessary.

Flurbiprofen 20% cream 120g: Upheld

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

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

Decision rationale: The request for flurbiprofen 20% cream 120 gm is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics 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 1 drug or drug class that is not recommended is then not recommended. The guidelines state the efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are of small and short duration.

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. 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 effects appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guideline indications for topical NSAIDs are osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for the short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines do not recommend topical NSAIDs for neuropathic pain as there is no evidence to support use. The guidelines recommend topical NSAIDs for osteoarthritis and tendinitis of the knee and elbow, or other joints that are amenable to topical treatment; however, the injured worker has not been diagnosed with osteoarthritis and there is a lack of clinical findings to confirm arthritis. There is a lack of documentation regarding efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. According to the California MTUS Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation of improved functional status with activities of daily living with the use of medications. No adverse effects with the use of medications were noted. The urine drug screen performed in 01/2014 was consistent with therapy. Therefore, due to a lack of evidence of significant pain relief, increased functional status, and side effects, the ongoing use of opioids is not supported by the guidelines. As such, the request is not medically necessary.

Ketoprofen 20%/ Ketamine 10% cream 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 ketoprofen 20%/ketamine 10% cream 120 gm is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics 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. The guidelines state the efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. 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. 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 effects appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guideline indications for topical NSAIDs are osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for the short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines do not recommend topical NSAIDs for neuropathic pain as there is no evidence to support use. Ketoprofen is not FDA-approved as a topical application. Ketamine is under study and is only recommended for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Topical ketamine has only been studied for use in non-controlled studies for complex regional pain syndrome type 1 and post-herpetic neuralgia and both have shown encouraging results. The guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is then not recommended and ketoprofen is not recommended. Ketamine is still under study and is recommended for neuropathic pain in refractory cases. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Gabapentin 10%/ Cyclobenzaprine 10% / Capsaicin 0.0375% cream 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 gabapentin 10%/cyclobenzaprine 10%/capsaicin 0.0375% cream 120 gm is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for

neuropathic pain when trials of antidepressants and anti-convulsants have failed. 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 then not recommended. Gabapentin is not recommended by the guidelines as there is no peer reviewed literature to support topical use. The guidelines state there is no evidence for use of any muscle relaxant as a topical product.