

Case Number:	CM14-0127721		
Date Assigned:	09/23/2014	Date of Injury:	02/24/2006
Decision Date:	11/26/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/12/2014

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 Occupational 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 62 years old male injured his lower back and bilateral shoulders at work on 24 Feb 2006. He has been diagnosed with lumbar spine radiculopathy, lumbar facet arthropathy, lumbar myofasciitis, lumbar degenerative disc disease at L3-4 and L4-5, bilateral shoulder impingement syndrome and medication-induced (caused by non-steroidal anti-inflammatory drugs - AKA NSAIDs) gastropathy. Currently he is complaining of sharp 7-8/10 pain in his neck and shoulders which decreases to 3-4/10 when he takes his medications. He also has pain in the lower back (right greater than left) without radiation. He is using topical cream medications that also lessen his symptoms. Exam on 10 Jun 2014) showed antalgic gait, tenderness on palpation over L4-5, L5-S1 facet area on right, negative straight leg raise, tenderness on palpation of bilateral acromioclavicular joints and tenderness to palpation over the superior border of the trapezius muscles bilaterally. Sensation is grossly intact in the lower extremities. He had a lumbar MRI (9 Feb 2012) which showed slight disc bulging at L3-4 (2-3 mm bulge) and L4-5 (3-4 mm bulge). His treatment has included physiotherapy, pool therapy, home exercises, cane and medications (NSAIDs [name(s) not given], bupropion, temazepam, docusate, Gaviscon, tramadol, tizanidine, tramadol-amitriptyline-diclofenac cream and flurbiprofen-diclofenac cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro compound TAD (tramadol, amitriptyline & diclofenac) cream (DOS 06/10/14):
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 15, 67-71, 84, 93-4, 111-13.

Decision rationale: Tramadol-amitriptyline-diclofenac cream is a combination product formulated for topical use. It is made up of tramadol, a synthetic opioid analgesic, amitriptyline, a tricyclic anti-depressant, and diclofenac, a non-steroidal anti-inflammatory drug (NSAID). The use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use and their use is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not address the topical use of tramadol or amitriptyline but notes that when used systemically, amitriptyline use should be considered first line therapy for neuropathic pain. Topical analgesic medications have been shown to give local analgesia. NSAIDs have been effective topically in short term use trails for chronic musculoskeletal pain but long term use has not been adequately studied. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since this patient does have neuropathic pain, does have a positive response to trial use of this medication and there is no recommendation by the MTUS not to use this combination product, use of tramadol-amitriptyline-diclofenac cream for this patient is not contraindicated for short term therapy (up to 12 weeks).

Retro compound FD (flurbiprofen with diclofenac) cream (DOS 06/10/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72, 111-13.

Decision rationale: Flurbiprofen-diclofenac cream is a combination product formulated for topical use. Both of the agents in this compound product are classified as non-steroidal anti-inflammatory drugs (NSAIDs). The use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use and their use is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical analgesic medications have been shown to give local analgesia and studies have shown NSAIDs have been effective when given topically in short-term use trails for chronic musculoskeletal pain. However, long-term use of topical NSAIDs has not been adequately studied. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since this patient does have neuropathic pain, does have a positive response to trial use of this medication, has a NSAID gastropathy preventing use of NSAIDs via the oral route and there is no recommendation by the MTUS not to use this combination product, use of

flurbiprofen-diclofenac cream for this patient is not contraindicated for short term therapy (up to 12 weeks).