

Case Number:	CM14-0153543		
Date Assigned:	10/20/2014	Date of Injury:	01/27/2009
Decision Date:	12/15/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/19/2014

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:

There were 108 pages provided for this review. The application for independent medical review was dated September 16, 2014 and it was for multiple medicines including compounded medications. The PR-2 from June 16, 2010 noted that the injured worker complained of cervical spine pain rated an 8/10 that radiates to both shoulders. The injured worker also reports achy throbbing pain in both hands, right greater than the left. Examination showed tender cervical paraspinals and decreased grip strength of both hands. The provider recommended Ultram, Motrin and topical ointments. The progress report notes that the cervical pain was 8/10 and was on and off. There were tender cervical paraspinals and decreased grip strength of both hands. The patient will refill the ointments for pain and inflammation, and follow-up with pain management doctor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 100 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12,13 83 and 113 of 127.

Decision rationale: Per the MTUS, Tramadol is an opiate analogue medication that is not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of this medication exceeds recommended guidelines; therefore, this request is not medically necessary.

Motrin 600 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 67 OF 127.

Decision rationale: The MTUS guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) medication for osteoarthritis and pain at the lowest dose for the shortest period possible. The guidelines state that there is no reason to recommend one drug in this class over another based on efficacy. Furthermore, the MTUS guidelines state there is no evidence of long-term effectiveness for pain or function. This injured worker has been on some form of a prescription non-steroidal anti-inflammatory medicine long term, with no documented objective benefit or functional improvement. The MTUS guideline recommendation of shortest possible period of use is not clearly met. Without evidence of objective, functional improvement, i.e. improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. Therefore, this request is not medically necessary.

Amitriptyline 4 percent Tramadol 20 percent PENCream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines (Effective July 18, 2009) page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that 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 provider did not describe each of the agents, and how they would be useful in this injured worker's case for specific goals. Therefore, this request is not medically necessary.

Flurbiprofen 20 percent Diclofenac 10 percent PENCream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines (Effective July 18, 2009) page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that 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 provider did not describe each of the agents, and how they would be useful in this injured worker's case for specific goals. Therefore, this request is not medically necessary.

Capsaicin .0375 percent Menthol 2 percent Camphor 2 Percent Diclofenac 30 percent Tramadol 4 percent PENCream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines (Effective July 18, 2009) page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded

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