

Case Number:	CM14-0155981		
Date Assigned:	09/25/2014	Date of Injury:	01/13/2010
Decision Date:	12/26/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/23/2014

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 and Rehabilitation 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 patient is a 59-year-old female who has submitted a claim for cervical herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, insomnia, stress, and anxiety associated with an industrial injury date of 1/13/2010. Medical records from 4/2/2014 up to 8/26/2014 were reviewed, showing increased pain in her lower back recently, 8-9/10 in severity, and associated with weakness of the lower extremities causing her to fall on one occasion. She also complained of intermittent pain in her neck, 5-6/10 in severity and persistent pain in her right hand, 8/10 in severity. Pain was improved with medications. The patient also experienced onset of stress, anxiety, and insomnia. Cervical spine examination revealed non-tenderness and full range of motion. Right wrist examination revealed point tenderness over the dorsal aspect. Lumbar spine examination revealed stiffness with tenderness over the facet joints. The patient was unable to perform range of motion activity. Treatment to date has included Tramadol 150mg (since at least 4/2/2014), Naproxen, Pantoprazole, and Mirtazapine. The utilization review from 9/8/2014 denied the request for Flurbiprofen / Capsaicin / Camphor 10/0.25%/2%/1% #120gm, for Ketoprofen / Cyclobenzaprine / Lidocaine 10%/3%/5% #120 gm, for Hydrocodone 5/325mg #60, and for Elavil 25mg #30. Regarding the request for Flurbiprofen / Capsaicin / Camphor 10/0.25%/2%/1% #120gm, there was no indication the patient has neuropathic pain and has tried and failed other medications. Regarding the request for Ketoprofen / Cyclobenzaprine / Lidocaine 10%/3%/5% #120 gm, there was no indication the patient has neuropathic pain and has tried and failed other medications. Regarding the request for Hydrocodone 5/325mg #60, there was no documentation of subjective or objective benefit from use of this medication. Regarding the request for Elavil 25mg #30, there was no clinical supporting documents to confirm the alleged depression diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen / Capsaicin / Camphor 10/0.25%/2%/1% #120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medication Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Flurbiprofen, CA MTUS supports a limited list of NSAID topical, which does not include Flurbiprofen. Regarding the capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where over-the-counter (OTC) topical muscle and joint pain relievers were applied. These products contain the active ingredients menthol, methyl salicylate, or capsaicin. In this case, it was not stated when the patient was started on this compounded cream. The patient does not exhibit neuropathic pain. The intended body part/s was not specified in this request. Moreover, flurbiprofen is not recommended as a topical analgesic. Therefore the request for Flurbiprofen / Capsaicin / Camphor 10/0.25%/2%/1% #120gm is not medically necessary.

Ketoprofen / Cyclobenzaprine / Lidocaine 10%/3%/5% #120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

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

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research to support the use of local anesthetics in topical compound formulations. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Regarding Cyclobenzaprine, guidelines state that there is no evidence to support the use of cyclobenzaprine as a topical compound. Lidocaine is not recommended for topical use as well. In this case, it was not stated when the patient was started on this compound cream. The patient does not exhibit neuropathic pain. The intended body part/s was not specified in this request. In addition, ketoprofen,

cyclobenzaprine, and lidocaine are not recommended as topical analgesics. Therefore the request for Ketoprofen / Cyclobenzaprine / Lidocaine 10%/3%/5% #120 gm is not medically necessary.

Hydrocodone 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been taking opioids, namely Tramadol 150gm, since at least 4/2014. Although urine drug screening is consistent with prescribed medications, there is no compelling evidence of subjective and objective improvement. Low back pain is still rated at 8-9/10 in severity. Therefore the request for Hydrocodone 5/325mg #60 is not medically necessary.

Elavil 25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: As stated on pages 13-15 of the CA MTUS Chronic Pain Medical Treatment Guidelines, amitriptyline (Elavil) is recommended to alleviate symptoms of depression. It is also recommended as first-line agent for neuropathic pain, especially if the pain is accompanied by insomnia, anxiety or depression, and is considered as first-line agents unless they are ineffective, poorly tolerated or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, it was not stated when the patient was started on Elavil. However, the patient has been taking mirtazapine since at least 4/2014. She complains of stress, anxiety, and insomnia. The patient has no neuropathic pain. There is no documentation as to why she needs to be switched to Elavil or if Elavil would serve as adjunct medication. Therefore the request for Elavil 25mg #30 is not medically necessary.