

Case Number:	CM14-0156885		
Date Assigned:	09/26/2014	Date of Injury:	06/01/2004
Decision Date:	10/31/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 68-year-old male who reported injury on 06/01/2004. The mechanism of injury was not provided. The injured worker underwent a right knee arthroscopy. The diagnostic studies were not provided. The injured worker's medication history included opiates, Neurontin, and Prilosec as of 12/2013. The injured worker was being monitored for aberrant drug behavior through urine drug screens. The documentation of 08/22/2014 revealed the injured worker had complaints of pain in the low back with radicular symptoms into the bilateral legs. The injured worker had decreased range of motion and tightness and spasm in the lumbar paraspinal musculature bilaterally. The diagnosis included lumbar sprain/strain herniated lumbar disc with radiculitis and radiculopathy, right knee internal derangement, left knee mild ligamentous strain internal derangement, status post right knee arthroscopic surgery, symptoms of insomnia, anxiety and depression. The treatment plan included Norco 10/325 mg 1 every 4 to 6 hours for severe pain, Prilosec 20 mg 1 to protect gastric mucosa, OxyContin 60 mg #90 one every 8 hours for severe pain. There was no request for authorization submitted for the topicals, Neurontin, Anaprox, Ultram or Flexeril. However, there was a request for authorization dated 08/22/2014 for Norco, Prilosec, and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, Page(s): 78, 60.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since late 2013. There was a lack of documentation of the objective functional improvement, an objective decrease in pain and documentation side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 63-64.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. The use is recommended for less than 3 weeks. The clinical documentation submitted for review failed to provide the duration of use. There was no request for authorization submitted for review and there was a lack of documented rationale for the requested medication. Additionally, there was a lack of documentation indicating a necessity for both a topical and oral form of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 7.5 mg #90 is not medically necessary.

Ultram 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol) Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since late 2013. There was a lack of documentation of the objective functional improvement, an objective decrease in pain and documentation side effects.

The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ultram 150 mg #60 is not medically necessary.

Anaprox 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic treatment of pain. The clinical documentation submitted for review failed to provide documentation of rationale and objective functional improvement as well as a decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of the duration of use. Given the above the request for Anaprox 550 mg #90 is not medically necessary.

Neurontin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepileptic medications as first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least late 2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Neurontin 800 mg #90 is not medically necessary.

Lido Keto Cream with Flexeril 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine, Ketoprofen, Topical Cyclobenzaprine Page(s): 111, 112, 113,.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application. The guidelines indicate that topical lidocaine (Lidoderm) may be 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The clinical documentation submitted for review failed to indicate the patient had a trial and failure of antidepressants and anticonvulsants as it was indicated the injured worker was utilizing oral Neurontin. There was a lack of documentation indicating a necessity for both a topical and oral form of Flexeril. There was a lack of documentation indicating a necessity for 2 topicals containing NSAIDs. The duration of use could not be established. The request as submitted failed to indicate the body part and the frequency for the requested medication. Given the above, the request for Lido Keto cream with Flexeril 120 gm is not medically necessary.

Flurbiprofen 10% Capsaicin .25% Menthol 2%, Camphor 1% 120gm: 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 Salicylate, Topical Analgesic, Topical Capsaicin, Flurbiprofen, Page(s): 105, 111, 28,.

Decision rationale: The California MTUS guidelines indicate 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... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...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. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The clinical documentation submitted for review indicated the injured worker was utilizing an anticonvulsant. There was a lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. There was a lack of documentation indicating a necessity for 2 topicals containing NSAIDs. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency and the body part to be treated with the medication. There was a lack of documented rationale for the use of a topical versus oral medications. Given the above, the request for Flurbiprofen 10%, capsaicin .25%, menthol 2%, and camphor 1% 120 gm is not medically necessary.