

Case Number:	CM14-0175935		
Date Assigned:	10/29/2014	Date of Injury:	08/01/2002
Decision Date:	12/05/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family 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:

This is a 64 years old female patient who sustained an injury on 8/1/2002. The diagnosis include spinal sprain, right knee internal derangement, and right knee contusion and bilateral patellofemoral chondromalacia. Per the doctor's note dated 9/29/14, patient had complaints of pain in the low back, right knee, right ankle, left neck, left lower arm and left shoulder. Physical examination revealed lumbar spine- abnormal toe and heel walk on the right side, tenderness in the paraspinous musculature of the lumbar region on the right, midline tenderness in the lumbar spine, muscle spasm, decreased lumbar range of motion, decreased pin sensation in the foot dorsum and posterolateral calf on the right, 4/5 strength in plantar flexion and toe extensor on the right, right sacroiliac tenderness, positive sciatic nerve compression on the right, positive straight leg raising at 60 in supine and at 50 degrees in seated position; right knee- positive patellar grind maneuver, hamsring tenderness, positive Mc Murray and positive varus-valgus stress test, range of motion flexion 140 and extension 100 degrees and pain on partial deep knee bend. The medication list includes Norco and topical compound analgesic creams. She has had urine drug screen on 9/19/14 which was inconsistent for hydrocodone. Prior diagnostic study reports were not specified in the records provided. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 11/21/14) Opioids, criteria for use

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. She has had urine drug screen on 9/19/14 which was inconsistent for hydrocodone. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325 mg is not established for this patient.

Physical therapy; eight (8) sessions two (2) times a week for four (4) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has already had an unspecified number of physical therapy visits for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records

provided. The medical necessity of Physical therapy; eight (8) sessions two (2) times a week for four (4) weeks is not established for this patient at this time.

Lidocaine 5%, Gabapentin 10% Ketoprofen 10% cream 120gms: Upheld

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

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

Decision rationale: Ketoprofen is a NSAID and gabapentin is an anti-convulsant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants,.....). (Argoff, 2006) 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... ..Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use..... Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended...Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitisGabapentin: Not recommended. There is no peer-reviewed literature to support use...." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin and ketoprofen are not recommended by MTUS for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Lidocaine 5%, Gabapentin 10% Ketoprofen 10% cream 120gms is not fully established for this patient.

Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% cream 120gms: Upheld

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

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

Decision rationale: Flurbiprofen is a NSAID, cyclobenzaprine and baclofen are muscle relaxants. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants,.....). (Argoff, 2006) 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... ..Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use..... Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended... ..Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine, baclofen and flurbiprofen are not recommended by MTUS for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% cream 120gms is not fully established for this patient.