

Case Number:	CM14-0179810		
Date Assigned:	11/04/2014	Date of Injury:	02/28/1999
Decision Date:	12/11/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/29/2014

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 & Rehabilitation, Spinal Cord Injury and is licensed to practice in New York. 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 65-year-old female who reported an injury on 02/28/1999. The mechanism of injury was not specified. Her diagnoses include spondylolisthesis, myofascial pain disorder, pain in the limb and pain in the joint. Her past treatments included home exercise, swimming, walking in a pool, and medications. On 10/08/2014, the injured worker complained of right foot pain and right hip pain that radiates down the right leg, rated 5/10. The physical exam revealed cervical, thoracic, and lumbar spine range of motion is inhibited due to pain. There was also tenderness to palpation to the paraspinal muscles over the cervical and base of the skull area. The urine drug screen performed on 07/16/2014 indicated positive results for morphine, hydrocodone, hydromorphone, norhydrocodone, acetaminophen, and zolpidem. Her medications included Kadian 10mg daily, Norco twice a day, Flexeril, Savella and Lyrica; with frequencies and dosages not provided. The treatment plan included topical compound creams, refills of Flexeril to replace baclofen, Savella to be used as a pain modulator in order to decrease opioid use, Kadian, flurbiprofen, and cyclobenzaprine. Requests were received for flurbiprofen 20% with lidocaine cream 5% 2 to 3 times daily as needed 4 grams quantity of 1, cyclobenzaprine compound 10% with lidocaine 2% cream 2 to 3 times a day quantity of 1 as needed 4 grams, Kadian 10 mg daily quantity 30, Norco 10/325 mg 1 to 2 times daily quantity 40, Flexeril 10 mg daily as needed quantity 30, and Savella 50 mg daily #30 with 3 refills. A rationale was not provided. A Request for Authorization form was submitted on 10/08/2014 for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Lidocaine 5% cream 2-3 times daily as needed 4 grams, QTY: 1: 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): 111-112.

Decision rationale: The request for flurbiprofen 20%/lidocaine 5% cream 2 to 3 times daily as needed 4 grams quantity 1 is not medically necessary. According to the California MTUS Guidelines, topical analgesics are recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental with few randomized control trials to determine efficacy or safety. In addition, the guidelines state any compounded product containing at least one drug (or drug class) that is not recommended is not recommended. The injured worker is noted to have chronic pain in the foot and hip. Lidocaine is recommended for localized peripheral pain after evidence of a trial of first line therapy. Furthermore, there are no other commercially approved topical formulations of lidocaine such as creams, lotions, or gels that are indicated for neuropathic pain. Based on lidocaine not being recommended in the form of a cream, gel or lotion, a lack of evidence regarding failed antidepressants and anticonvulsants, and the topical analgesic consisting of a drug class that is not recommended, the request is not supported by the guidelines. As such, the request for flurbiprofen 20%/lidocaine 5% cream 2 to 3 times daily as needed 4 grams quantity 1 is not medically necessary.

Cyclobenzaprine 10%/Lidocaine 2% cream 2-3 times daily as needed 4 grams, QTY: 1: 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): 111-112.

Decision rationale: The request for cyclobenzaprine 10%/lidocaine 2% cream 2 to 3 times daily as needed 4 grams quantity 1 is not medically necessary. According to the California MTUS Guidelines, topical analgesics are recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental in use with few randomized control trials to determine efficacy or safety. In addition, the guidelines state any compounded product containing at least one drug (or drug class) that is not recommended is not recommended. The injured worker is noted to have chronic pain in the foot and hip. Lidocaine is recommended for localized peripheral pain after evidence of a trial of first line therapy. Furthermore, there are no other commercially approved topical formulations of lidocaine such as creams, lotions, or gels that are indicated for neuropathic pain. The guidelines also indicate that further research is needed to recommend this treatment for chronic neuropathic pain disorders. Based on lidocaine not being recommended in the form of a cream, gel or lotion,

a lack of evidence regarding failed antidepressants and anticonvulsants, no evidence for use of any other muscle relaxants as a topical product, and the topical analgesic consisting of a drug class that is not recommended, the request is not supported by the guidelines. As such, the request for cyclobenzaprine 10%/lidocaine 2% cream 2 to 3 times daily as needed 4 grams quantity 1 is not medically necessary.

Kadian 10mg daily, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going management Page(s): 78.

Decision rationale: The request for Kadian 10 mg daily quantity 30 is not medically necessary. According to the California MTUS Guidelines, opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The continued monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use for these controlled drugs. The injured worker was noted to have been on Kadian (morphine) since at least 01/06/2011. However, the documentation failed to provide a pain assessment to include how long it takes for pain relief, how long pain relief lasts, improvement in activities of daily living, any side effects, and the potential to have aberrant drug related behaviors. The urine drug screen on 07/16/2014 confirmed the use of morphine. Based on the lack of documentation to identify significant pain relief, functional status, any side effects after taking the medication, and any indications of aberrant drug related behaviors, the request is not supported by the guidelines. In addition, the request failed to provide a frequency. As such, the request for Kadian 10 mg daily, quantity 30, is not medically necessary.

Norco 10/325mg 1-2 time daily as needed, QTY: 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg 1 to 2 times daily as needed quantity 40 is not medically necessary. According to the California MTUS Guidelines, opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects, aberrant drug related behavior, and a current urine drug screen. It is also indicated 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. The injured worker was noted to have been on Norco since at least 07/28/2013, and the most current urine drug screen on 07/16/2014 confirmed the use of Norco. The documentation failed to provide evidence of intensity of pain after taking the opioid, the duration it takes for pain relief, how long

pain relief lasts, if there is an increase in function or activities of daily living, and an indication of aberrant drug related behaviors. Although there was a current urine drug screen; however, the documentation failed to provide evidence in regards to documentation of pain relief, functional status, appropriate medication use, side effects, and an indication of drug related behaviors, the request is not supported by the guidelines. As such, the request for Norco 10/325 mg 1 to 2 times daily as needed quantity 40 is not medically necessary.

Flexeril 10mg daily as needed, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The request for Flexeril 10 mg daily as needed quantity 30 is not medically necessary. According to the California MTUS Guidelines, Flexeril is only recommended for a short course of therapy due to limited and mixed evidence for a recommendation for chronic use. It is also noted the use of Flexeril is not indicated for longer than 2 to 3 weeks. The injured worker was noted to have been on Flexeril since at least 01/30/2014. Based on the injured worker being on the medication longer than the recommended 2 to 3 weeks as indicated for a short course of therapy, the request is not supported by the guidelines. In addition, the request failed to provide a frequency. As such, the request for Flexeril 10 mg daily as needed quantity 30 is not medically necessary.

Savella 50mg daily #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Milnacipran (Savella)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran (Ixel) Page(s): 62-63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Milnacipran (Savella®)

Decision rationale: The request for Savella 50 mg daily #30 with 3 refills is not medically necessary. The California MTUS Guidelines are not up to date in regards to milnacipran. According to the Official Disability Guidelines, Savella is under study for the treatment of fibromyalgia syndrome. However, there is little to no evidence that fibromyalgia is industrial related and should be restricted to documented cases of fibromyalgia as part of a treatment plan. The injured worker was not noted to have taken Savella; however, the documentation indicated the request was for the purpose of decreasing the injured worker's opioid use. However, the documentation lacked evidence to indicate a need for decrease of opioids since pain and function levels before and after opioid usage was not provided. Furthermore, the documentation failed to indicate the injured worker had fibromyalgia. Based on the lack of required documentation noting a decrease in the use of opioids and an indication the injured worker had fibromyalgia, the

request is not supported by the guidelines. In addition, the request failed to provide a frequency. As such, the request for Savella 50 mg daily #30 with 3 refills is not medically necessary.