

Case Number:	CM14-0022813		
Date Assigned:	06/11/2014	Date of Injury:	03/03/2006
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/24/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 50-year-old female with a reported date of injury on 03/03/2006. The injury reportedly occurred when a car crashed into her office, pushing her against the desk. The injured worker presented with complaints of neck and low back pain with radiation to the lower extremities and right knee. Upon physical examination, the injured worker's cervical spine range of motion revealed flexion to 20 degrees, extension to 30 degrees, right rotation to 50 degrees and left rotation to 60 degrees, right lateral flexion to 15 with a positive Spurling's sign and the left lateral flexion to 25 degrees. The injured worker's lumbar spine range of motion revealed flexion to 20 degrees, and extension to 50 degrees with side bending bilaterally to 10 degrees. In addition, the injured worker presented with negative straight leg raise bilaterally. The clinical information provided for review does not include previous physical therapy or other conservative treatments provided. The injured worker's diagnoses included cervical degenerative disc disease with upper extremity radiculopathy, myospasm and myofascial trigger points, right knee pain with internal derangement, right shoulder pain, low back pain, hip pain, anxiety and depression and headaches. The injured worker's medication regimen included omeprazole, naproxen and Ambien. The authorization for the retrospective request for Tramadol ER 150 mg, #60 dispensed 01/29/2014, the retrospective request for flubiprofen 25%/Lidocaine 5%/Menthol 5%/Camphor1% -30GM dispensed in office 180 GM tube (28 day supply) DOS 01/29/2013 and the retrospective request for Tramadol 15%/Lidocaine 5%/Dextromethorphan 10%/Capsaicin 0.025%- 30GM dispensed in office, 180 GM tube (28 day supply) DOS 01/29/2013 was submitted on 02/20/2014. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR TRAMADOL ER 150 MG, #60 DISPENSED

1/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76.

Decision rationale: According to the California MTUS Guidelines the criteria for use of opioids should be part of a treatment plan that is tailored to the injured worker. Steps to take before a therapeutic trial of opioids should include attempt to determine if there are underlying contributing psychological issues. Neuropathic pain may require higher doses of opioids, and opioids are not generally recommended as a first line therapy for some neuropathic pain. Before initiating therapy, the patient should set goals, and continued use of opioids should be based on meeting these goals. Pain assessment should include history of pain treatment and effective pain and function. The injured worker should have at least 1 physical and psychosocial assessment by the treating doctor to assess whether a trial of opioids should occur. According to the clinical note dated 01/24/2014, the injured worker's medication regimen included omeprazole, naproxen and Ambien. The addition of tramadol to the injured worker's medication regimen is not documented within the clinical information provided for review. Rationale is not provided within the clinical information available. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for retrospective request for tramadol ER 150 mg, #60 dispensed on 01/29/2014 is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR FLUBIPROFEN 25%/LIDOCAINE 5%/MENTHOL %5/CAMPBOR 1%-30 GM DISPENSED IN OFFICE 180 GM TUBE (28 DAY SUPPLY)

DOS 1/29/13: 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, NSAIDs & Lidocaine Page(s): 111-112.

Decision rationale: The California MTUS Guidelines state that that topical analgesics are recommended as an option. Although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Many agents are compounded as monotherapy or in combination for pain control. There was little to no research to support the use of many of these agents. 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. Ibuprofen is a nonsteroidal anti-inflammatory agent. The effectiveness and clinical trials for topical analgesic NSAIDs has been inconsistent and most studies are small of short duration. Topical NSAIDs have been shown to be superior to placebo during the first 2 weeks

of treatment for osteoarthritis, with a diminishing effect over another 2 week period. In addition, lidocaine is recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical lidocaine, in the formulation of a dermal patch called Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Guidelines state that any state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The documentation provided for review indicates that the injured worker has been utilizing topical analgesics prior to 01/24/2014. The therapeutic effect of the use of topical analgesics is not provided within the documentation available for review. In addition, the request as submitted failed to provide frequency and specific site at which the topical analgesic was to utilized. The guidelines do not recommend lidocaine outside the Lidoderm patch. Therefore, the request for flurbiprofen 25%/lidocaine5%/menthol 5%/camphor 1%/30 gm dispensed in office 180 gm tube (28 day supply) the request is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR TRAMADOL 15%/LIDOCAINE 5%/DEXTROMETHORPHAN 10%/CAPSAICIN 0.025%-30 GM DISPENSED IN OFFICE, 180 GM TUBE (28 DAY SUPPLY) DOS 1/29/13: 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, Capsaicin, Lidocaine & Tramadol Page(s): 111-113.

Decision rationale: The California MTUS Guidelines recommend the use topical analgesics as an option. Although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are 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. There is little to no research to support therapy use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it be useful for the specific therapeutic goal required. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. In addition, the guidelines state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. Lidocaine is indicated for localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine, in the formulation of a dermal patch called Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. In addition the guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The clinical information provided for review lacks documentation related to the therapeutic use of topical analgesics. In addition, the guidelines do not recommend lidocaine, outside the use of a Lidoderm patch. In addition, the request as submitted failed to provide frequency and site at which the topical analgesic was to utilized. Therefore, the retrospective request for tramadol

15%/lidocaine5%/dextromethorphan10%/capsaicin 0.025%-30 gm dispensed in office, 100 gm tube (28 days supply) DOS 01/29/2013 is not medically necessary and appropriate.