

Case Number:	CM14-0023800		
Date Assigned:	06/11/2014	Date of Injury:	10/05/2008
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/25/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 43-year-old male with a reported date of injury on October 5, 2008. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with upper back pain. According to the clinical note dated Septmeber 4, 2013, the injured worker underwent a Toradol injection, the results of which were not provided within the clinical information provided for review. The physician indicated the injured worker had stopped all meds and was only taking ibuprofen 800 mg. The injured worker's diagnoses included thoracic spine sprain/strain with lumbar disc protrusion. The injured worker's medication included topical creams and ibuprofen. The request for authorization of Percocet 5/325 mg twice a day, Nexium daily, Tramadol/Baclofen topical compounded topical medication, and fluorbi/gaba/lidocaine topical compounded medication was submitted on February 21, 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:

PERCOCET 5/325MG BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 92.

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

Decision rationale: The California MTUS Guidelines state before a therapeutic trial of opioids should include an attempt to determine if the pain is neuropathic. Neuropathic pain may require higher doses of opioids, and opioids are not generally recommended as a first line therapy for some neuropathic pain. When initiating opioid therapy, the patient should state goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessment should be made. Function status should include social, physical, psychological, daily, and warrant activities and should be performed using a validated instrument or numerical rating scale. Pain related assessment should include history of pain treatment and function. Within the clinical note dated September 4, 2013, the physician indicated that the injured worker had stopped all pain meds and only takes ibuprofen 800 mg. There is a lack of documentation related to the request to initiate Percocet use. There is a lack of documentation related to pain and functional assessments, to include social, physical, psychological, daily and work activities. In addition, there is a lack of documentation related to the injured worker's functional deficits. In addition, the request as submitted failed to provide frequency and directions and number of pills requested. Therefore, the request for Percocet 5/325 mg BID is not medically necessary.

NEXIUM QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPI), NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gi symptoms & Cardiovascular Risk, page(s) 68 Page(s): 68.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended with precaution for injured workers who are at risk for gastrointestinal events. To determine if the patient is at risk for gastrointestinal (GI) events, should include that the injured worker is over 65 years of age, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or anticoagulant or high dose multiple NSAIDs. Long-term PPI use has been shown to increase the risk of hip fracture. The clinical information provided for review lacks documentation related to GI upset or complaints of GI episodes. In addition, the request as submitted failed to provide frequency, dosage and directions and number of pills requested. Therefore, the request for Nexium daily is not medically necessary.

TRAMADOL/BACLOFEN TOPICAL COMPOUNDED TOPICAL MEDICATION:
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, Baclofen, Tramadol Page(s): 111 & 113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are recommended as an option as indicated. They are 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 the use of many of these agents. The use of these compounded agents requires knowledge of specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The guidelines stated that Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. In addition, Baclofen is not recommended as a topical analgesic. The guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In addition, the request as submitted failed to provide frequency, duration and specific site at which the topical compounded medication was to be utilized. Therefore, the request for Tramadol/Baclofen topical compounded topical medication is not medically necessary.

FLURBI/GABAPENTIN/LIDOCAINE TOPICAL COMPOUNDED MEDICATION:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, non-steroidal anti-inflammatory agents, Gabapentin, Lidocaine Page(s): 111-112.

Decision rationale: The California MTUS Guidelines state that topical analgesics are recommended as an option as indicated. They are 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 the use of many of these agents. The use of these compounded agents requires knowledge of specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The use of a non-steroidal anti-inflammatory agent (NSAID) as a topical agent, has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with the diminishing effect over another 2 week period. In addition, the guidelines state that Lidocaine is recommended 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 has been designated for orphan status but FDA for neuropathic pain. No other commercially approved topical formulation of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. In addition, the California MTUS Guidelines do not recommend Gabapentin as a topical analgesic. 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 of the injured worker's functional deficits. In addition, there is a lack of documentation related to the failure

and use of antidepressants or anticonvulsants. In addition, there is lack of documentation related to neuropathic pain. The request as submitted failed to provide frequency, duration and specific site at which the topical compounded medication was to be utilized. Therefore, the request for Flurbi/Gabapentin/Lidocaine topical compounded medication is not medically necessary.