

Case Number:	CM14-0026537		
Date Assigned:	06/20/2014	Date of Injury:	06/30/2005
Decision Date:	07/21/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	03/03/2014

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 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:

The injured worker is a 61-year-old female who reported injury on 06/30/2005. The mechanism of injury was the injured worker was going to sit outside on a stair, and as she got up, the injured worker forgot there was another step and tripped. The injured worker underwent an open reduction and internal fixation of the left wrist with failed hardware, and had a right knee surgery. It was indicated the injured worker had 8 to 9 surgeries; however, details were not provided. The most recent documentation submitted for review is dated 07/02/2013, which revealed the injured worker had a longstanding opioid dependent chronic pain syndrome which chronic left wrist and right knee pain. The medications included Kadian 30 mg by mouth every 8 hours, Norco 10/325, 1 to 2 tablets every 6 hours as needed, Colace 200 mg twice a day, Prevacid 30 mg by mouth daily, Rozerem 8 mg by mouth daily, Celebrex 200 mg twice a day, and Marinol 5 mg at bedtime as needed. There was no DWC Form nor PR-2 submitted for the requested medication. The diagnosis was pain in joint, lower leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ultracin Lotion DOS:10/1/13: 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 SALICYLATE; TOPICAL ANALGESIC; TOPICAL CAPSAICIN Page(s): 105; 111; 28.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control 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. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The California MTUS guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to provide a PR-2 or a DWC Form RFA to support the request. The duration of use could not be established through supplied documentation. There was a lack of documentation indicating the injured worker had neuropathic pain and that trials of antidepressants and anticonvulsants had failed. The request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the retrospective request for Ultracin lotion, date of service 10/01/2013, is not medically necessary.

Retrospective request for Amitriptyline/Bupivacaine/Clonidine/Gabapentin (duration and frequency unknown) DOS: 10/1/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Ho, KY, Hub, BK, White, WD, Yeh, CC, Miller, EJ "Topical Amitriptyline versus Lidocaine in the treatment of neuropathic pain" Clin J Pain, 2008, Jan. 24(1):51-5.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; ANTIDEPRESSANTS; GABAPENTIN; CLONIDINE, BUPIVACAINE Page(s): 111; 13; 113; 55.

Decision rationale: The California MTUS indicates 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. Peer reviewed literature states that while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Clonidine is FDA approved for intrathecal delivery. Bupivacaine has also been recommended as an alternative to clonidine (maximum dose of 30 mg/day and a concentration of 40 mg/ml). There was no DWC Form RFA nor PR-2 submitted for review. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating the

injured worker had neuropathic pain and that trials of antidepressants and anticonvulsants had failed. The request as submitted failed to indicate the frequency and the quantity of medication being requested. The duration of use could not be established through supplied documentation. The strength was not provided. Given the above, the retrospective request for amitriptyline/bupivacaine/clonidine/gabapentin, duration and frequency unknown, date of service 10/01/2013, is not medically necessary.

Retrospective request for Ultracin Lotion DOS 11/25/13: 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 SALICYLATE; TOPICAL ANALGESIC; TOPICAL CAPSAICIN Page(s): 105; 111; 28.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control 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. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The California MTUS guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to provide a PR-2 or a DWC Form RFA to support the request. The duration of use could not be established through supplied documentation. There was a lack of documentation indicating the injured worker had neuropathic pain and that trials of antidepressants and anticonvulsants had failed. The request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the retrospective request for Ultracin lotion, date of service 11/25/2013, is not medically necessary.

Retrospective request for Amitriptyline/Bupivacaine/Clonidine/Gabapentin (duration and frequency unknown) DOS: 11/25/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Ho, KY, Hub, BK, White, WD, Yeh, CC, Miller, EJ "Topical Amitriptyline versus Lidocaine in the treatment of neuropathic pain" Clin J Pain, 2008, Jan. 24(1):51-5.

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failed. Peer reviewed literature states that while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Clonidine is FDA approved for intrathecal delivery. Bupivacaine has also been recommended as an alternative to clonidine (maximum dose of 30 mg/day and a concentration of 40 mg/ml). There was no DWC Form RFA nor PR-2 submitted for review. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating the injured worker had neuropathic pain and that trials of antidepressants and anticonvulsants had failed. The request as submitted failed to indicate the frequency and the quantity of medication being requested. The duration of use could not be established through supplied documentation. The strength was not provided. Given the above, the retrospective request for amitriptyline/bupivacaine/clonidine/gabapentin, duration and frequency unknown, date of service 11/25/2013, is not medically necessary.