

Case Number:	CM14-0039440		
Date Assigned:	07/30/2014	Date of Injury:	09/03/2010
Decision Date:	08/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/03/2014

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 Texas and Ohio. 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 57-year-old female with a reported injury on 09/03/2010. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar radiculopathy with protrusion of the L4-5. The injured worker has had previous treatments including medications, TENS unit, and topical compounds. The efficacy of those prior treatments was not provided. The injured worker had an examination on 04/04/2014. The injured worker stated that her medications provided her with long relief and allowed her to be functional. She reported her pain made it difficult for her to stand and walk, decreasing her level of activities. The requesting physician did not provide a complete physical examination. The medication list consisted of Norco, Flexeril, Diclofenac, Tramadol, Gabapentin, and Gabapentin/Ketoprofen/Lidocaine lotion. The recommended plan of treatment was to continue the medications for managing her symptoms and allowing her to be functional. The provider noted the injured worker used Tramadol ER for long-acting pain relief, Norco to manage her pain and allow her to be functional, Flexeril was being used for muscle spasms, and Gabapentin was being used to help manage numbness and tingling. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg, #30 (DOS: 2/3/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (When to continue Opioids).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The Retrospective request for Norco 10/325 mg, #30 (DOS: 2/3/14) is not medically necessary. The California MTUS Guidelines recommend for the use of opioids to have ongoing monitoring of documentation that includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The physician did provide documentation of pain relief and the duration of that pain relief. There is no indication that the physician assessed the injured worker for side effects. There is no urine drug screen provided to monitor the possibility of aberrant behavior or non-adherent drug related behaviors. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request did not specify directions as to frequency and duration. Furthermore, the requesting physician did not provide a clinical note from the date of the request. Therefore, the retrospective request for Norco 10/325 mg, #30 (DOS: 2/3/14) is not medically necessary.

Gabapentin/Ketoprofen/Lidocaine Lotion 7%/10%/5%: 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 Analgesic Page(s): 111-113.

Decision rationale: The request for Gabapentin/Ketoprofen/Lidocaine Lotion 7%/10%/5% is not medically necessary. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended. Gabapentin is not recommended, as there is no peer-reviewed literature to support its use. Ketoprofen is not currently FDA approved for topical application. Also, the California MTUS Guidelines recommend that NSAIDs are indicated for osteoarthritis and tendinitis, particularly that of the knee or elbow. NSAIDs have not been evaluated for the treatment of the spine, hip, or the shoulder. Topical lidocaine in the formulation of a dermal patch is used for diabetic neuropathy. There is no other commercially approved topical formulation of lidocaine whether it be creams, lotions, or gels. The injured worker complains of back pain. There is no documentation that the injured worker has osteoarthritis to a joint amenable to topical treatment or neuropathic pain. The guidelines do not recommend the use of Gabapentin or Lidocaine in a lotion form for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Therefore, the request for Gabapentin/Ketoprofen/Lidocaine Lotion 7%/10%/5% is not medically necessary.

Flexeril 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, antispasmodics Page(s): 63-64.

Decision rationale: The request for Flexeril 7.5 mg, #60 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants are to be used as a second line option for short-term treatment of acute exacerbations of patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension; however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Dosing of Flexeril is 5 mg 3 times a day that can be increased to 10 mg 3 times a day, but this medication is not recommended to be used for longer than 2 to 3 weeks. There is no documentation indicating how long the injured worker has been prescribed this medication. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Flexeril 7.5 mg, #60 is not medically necessary.

Diclofenac 75mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: The request for Diclofenac 75 mg, #30 is not medically necessary. The California MTUS Guidelines recommend NSAIDs for back pain and acute exacerbations of chronic pain as a second line of treatment after acetaminophen. The guidelines recommend dosing of Diclofenac at 50 mg 2 to 3 times a day. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is no documentation indicating how long the injured worker has been prescribed the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Diclofenac 75 mg, #30 is not medically necessary.

Tramadol ER 150mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Weaning of Medications).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The request for Tramadol ER 150 mg, #30 is non-certified. The California MTUS Guidelines recommend for the use of opioids to have ongoing monitoring of documentation that includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The physician did provide documentation of pain relief and the duration of that pain relief. There is no indication that the physician assessed the injured worker for side effects. There is no urine drug screen provided to monitor the possibility of aberrant behavior or non-adherent drug related behaviors. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Tramadol ER 150 mg, #30 is non-certified.

Gabapentin 600mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drug Page(s): 18-19.

Decision rationale: The request for Gabapentin 600 mg, #90 is not medically necessary. The California MTUS Guidelines recommend Gabapentin is effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia. The California MTUS Guidelines recommend for a trial period of gabapentin of 3 to 8 weeks for titration and then 1 to 2 weeks at maximum tolerated dosage. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. An adequate and complete pain assessment is not provided within the medical records. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Gabapentin 600 mg, #90 is not medically necessary.