MAXIMUS Federal Services

Case Number:	CM14-0040953		
Date Assigned:	06/30/2014	Date of Injury:	08/08/2011
Decision Date:	12/30/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational Medicine, 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:

This is a 58-year-old male with an 8/8/11 date of injury. According to a progress report dated 2/17/14, the patient reported that his new blood pressure medications had many side effects such as nausea, heart palpations, and decreased appetite. He had right knee surgery scheduled for 2/27/14. The provider has requested one-week supply of Norco because the patient had enough medications for 3 weeks, Tizanidine for muscle relaxation, and compound analgesic cream (containing tramadol, Capsaicin, menthol, camphor, and gabapentin) to apply on bilateral knees and the low back area for symptomatic relief of pain. Objective findings: BP: 167/97, pulse: 91, weight: 207. Diagnostic impression: right knee pain, left knee pain, and low back pain. Treatment to date: medication management, activity modification, surgery, acupuncture, and aquatic therapy. A UR decision dated 3/7/14 approved the request for Norco 10/325mg #7 and denied the requests for Tizanidine and compound cream: Tramadol/Capsaicin/Menthol/Camphor/Gabapentin. Regarding Tizanidine, the claimant does not have acute myospasm or breakthrough myospasm. The guidelines do not support the role of muscle relaxants for the treatment of neuropathic pain without acute myospasm. Regarding compound cream, there is no gastrointestinal disease or side effects secondary to oral medications. Ingredients of the compounded cream do not have evidence-based proven efficacy with topical application.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. However, the UR decision dated 3/7/14 certified this request. It is unclear why this duplicate request is being made at this time. Therefore, the request for Norco 10/325mg #7 was not medically necessary.

Tizanidine 4mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, according to the records provided for review, this patient has been taking Tizanidine since at least 1/16/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Tizanidine 4mg #30 was not medically necessary.

Compound cream: Tramadol/Capsaicin/Menthol/Camphor/Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, guidelines do not support the use of tramadol or gabapentin in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Compound cream: Tramadol/Capsaicin/Menthol/Camphor/Gabapentin was not medically necessary.