

Case Number:	CM14-0041900		
Date Assigned:	06/30/2014	Date of Injury:	03/03/2010
Decision Date:	08/19/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 49 year-old with a date of injury of 03/03/10. A progress report associated with the request for services, dated 12/13/13, identified subjective complaints of low back and bilateral shoulder and knee pain. Objective findings included of the shoulders and low back. Motor and sensory functions were normal, as well as reflexes. The knees were not documented. Diagnoses included bilateral rotator cuff tear and bilateral meniscus tears. Treatment did not include any medications at that time. A Utilization Review determination was rendered on 03/25/14 recommending non-certification of "retrospective request for gabapentin / cyclobenzaprine / tramadol / flurbiprofen / Lidocaine / amitriptyline dos 12/18/2013".

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL/FLURBIPROFEN/LIDOCAINE/AMITRIPTYLINE DOS 12/18/2013: 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain, Topical Analgesics Other Medical Treatment Guideline or Medical Evidence: www.updates.pain-topics.org; J Anesth. 2010 Oct;24(5):705-8.

Decision rationale: The requested compound consists of cyclobenzaprine, a muscle relaxant, amitriptyline, an antidepressant, gabapentin, an anti-seizure agent, Lidocaine, a topical anesthetic, flurbiprofen, an NSAID, and tramadol, a centrally acting opioid analgesic. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The MTUS Guidelines state that gabapentin is: "Not recommended. There is no peer-reviewed literature to support use." Therefore, there is no documented medical necessity for the addition of gabapentin in the topical formulation for this patient. Lidocaine is a topical anesthetic. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. Further, the Guidelines note that lidocaine showed no superiority over placebo for chronic muscle pain. Also, the FDA has issued warnings about the safety of these agents. The efficacy of topical Tramadol is not specifically addressed in the MTUS or the Official Disability Guidelines (ODG). There is some data that topical Tramadol has efficacy directly at an acute postsurgical site. However, there is insufficient data to assure that significant systemic absorption does not occur. Lacking definitive data on the efficacy of topical Tramadol, the medical record does not document neuropathic pain that has failed antidepressant or anticonvulsant therapy. Therefore, medical necessity for topical Tramadol has not been established. Cyclobenzaprine 10% cream is a muscle relaxant being used as a topical analgesic. The MTUS Guidelines specifically state that there is no evidence for baclofen or any other muscle relaxant as a topical product. Flurbiprofen 20% is an NSAID being used as a topical analgesic. The MTUS Guidelines note that the efficacy of topical NSAIDs in clinical trials has been inconsistent and most studies are small and of short duration. Recommendations primarily relate to osteoarthritis where they have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. They are indicated for relief of osteoarthritis pain in joints that lend themselves to treatment (ankle, elbow, foot, hand, knee, and wrist). In neuropathic pain, they are not recommended as there is no evidence to support their use. The Official Disability Guidelines (ODG) also does not recommend them for widespread musculoskeletal pain. The only FDA approved topical NSAID is diclofenac. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, in this case, there is no documentation of the failure of conventional therapy, documented functional improvement, or recommendation for all the ingredients of the compound and therefore the medical necessity of the compounded formulation.