

Case Number:	CM14-0043884		
Date Assigned:	07/02/2014	Date of Injury:	10/12/2008
Decision Date:	09/15/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/10/2014

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:

The patient is a 44-year-old male who has submitted a claim for Reflex Sympathetic Dystrophy (Complex Regional Pain Syndrome) of the Right Lower Extremity following Injury, Right Ankle Injury, and Contusion of Right Foot associated with an industrial injury date of October 12, 2008. Medical records from 2013 were reviewed, which showed that the patient complained of minimal lumbar spine pain. He also complained of severe right lower extremity pain after foot surgery. He also had edema of the right foot associated with color and temperature changes, dysesthesia without allodynia, and intractable pain. On physical examination, there was tenderness of the lumbar facet joints and sacroiliac joints bilaterally. Lumbar range of motion was reduced. Straight leg raise test was negative while Minor's sign was positive. Examination of the lower extremity revealed dysesthesia, vasomotor, sudomotor, and pilomotor changes, as well as edema. Deep tendon reflexes were normal and symmetrical. Weakness was noted throughout the lower extremity. Treatment to date has included left carpal tunnel release, right arthroscopic meniscectomy, left shoulder arthroscopy, physical therapy, psychotherapy, and medications including Gabapentin (Neurontin) 300 mg up to 3 tablets every 8 hours (since at least December 2013). Utilization review from March 22, 2014 denied the request for Flurbiprofen, Gabapentin, and Tramadol (duration and frequency unknown) because there was no objective evidence of neuropathic pain and there was no documentation of trials with antidepressants and anticonvulsants; and Cyclobenzaprine (duration and frequency unknown) because guidelines do not recommend its use as a topical formulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen; dos: 12/5/13 & 12/10/13: 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 Analgesics Page(s): 111-113.

Decision rationale: According to page 67 of the CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and they can cause gastrointestinal irritation or ulceration and renal or allergic problems. In addition, there is no evidence of long-term effectiveness for pain or function. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In addition, there is little to no research as for the use of flurbiprofen in compounded products. In this case, the records did not show when flurbiprofen was first prescribed, as well as its frequency and duration of use. The present written request also failed to specify the intended frequency and duration of flurbiprofen intake. It is likewise unclear if the request is for oral or topical medication. The present request is ambiguous; therefore, the retrospective request for Flurbiprofen (duration and frequency unknown) DOS: 12/5/13 & 12/10/13 was not medically necessary.

Retrospective request for Cyclobenzaprine 2%; dos: 12/5/13 & 12/10/13: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is not recommended for use as a topical analgesic. In this case, there is no clear rationale presented why a topical cyclobenzaprine is prescribed when it is not recommended by the guidelines. There is no discussion concerning need for variance from the guidelines. Therefore, the retrospective request for Cyclobenzaprine 2% (duration and frequency unknown) DOS: 12/5/13 & 12/10/13 was not medically necessary.

Retrospective request for Gabapentin/Tramadol 15%; dos: 12/5/13 & 12/10/13: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS does not support the use of opioid medications and gabapentin in a topical formulation. Opioids are not recommended for use as a topical analgesic. In this case, there is no clear rationale presented this medication is prescribed when it is not recommended by the guidelines. Both gabapentin and tramadol are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the retrospective request for Gabapentin/Tramadol 15% (duration and frequency unknown) DOS: 12/5/13 & 12/10/13 was not medically necessary.