



Case Number:	CM14-0049592		
Date Assigned:	07/07/2014	Date of Injury:	07/07/2008
Decision Date:	08/26/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/17/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 31 year old employee with date of injury of 7/7/2008. Medical records indicate the patient is undergoing treatment for cervical disk syndrome; lumbar spine herniated nucleus pulposus; lumbar disk syndrome; lower extremity radiculitis; right ankle sprain/strain dysesthesia and right S1 radiculopathy per EMG result. Subjective complaints include low back pain at 8-9/10; right knee pain 8-9/10; right ankle pain 8/10 with radiating symptoms and tingling along lower extremity. She has difficulty walking more than 20 minute and improvement with rest and medications. Objective findings include 3+ spasm paralumbar muscles with tenderness with range of motion (ROM) including lumbar flexion 38/60; extension, 20/25; lateral flexion 15/25; with ROM limited in all directions due to pain and spasm. Positive bilateral Kemp's, straight leg raise at 40 degrees on right, 45 on left; positive Braggard's 35 degrees on right, 40 on left; all right knee ROM is limited by pain in lumbar spine. +1 bilateral Achilles reflexes and 5-/5 lower extremity strength bilaterally. Treatment has consisted of PT, Prilosec, lumbar spine brace, THGot cream, Mylanta, Lidoderm, Flurflex and Norco. The utilization review determination was rendered on 3/25/2014 recommending non-certification of Prospective request for 1 prescription of Norco 10/325mg #60; Prospective request for 1 prescription of TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180gm; Prospective request for 1 prescription of Lidoderm 5% #30 and Prospective request for 1 prescription of Flurflex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, and increased level of function, attempts at weaning/tapering, risk assessment profile or improved quality of life. The utilization reviewer on 3/25/14 also noted the treating physician did not document significant improvement and the reviewer recommended weaning of Norco. As such, the question for Norco 325/10mg # 60 is not medically necessary.

Prospective request for 1 prescription of TGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180gm: 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: The California MTUS Chronic Pain Medical Treatment Guidelines on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is also noted this particular formulation contains agents that are not recommended for topical use under guidelines, specifically Tramadol and Gabapentin. The guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of ant epilepsy drugs as a topical product, nor is there evidence for efficacy and safety of topical Tramadol. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As such, the request for for Prospective request for 1 prescription of TGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180gm is not medically necessary.

Prospective request for 1 prescription of Lidoderm 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine (topical).

Decision rationale: Chronic Pain Medical Treatment Guidelines state "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics." Medical documents provided do not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment notes do not detail other first-line therapy used (anti-depressants, Gabapentin, etc.) and what clinical outcomes resulted. As such, the request for Lidoderm 5% patches is not medically necessary.

Prospective request for 1 prescription of Flurflex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Flurbiprofen; Topical Analgesics Page(s): 41-42; 72; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxant, Compound creams.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. It is also noted this particular formulation contains agents that are not recommended for topical use under guidelines, specifically Cyclobenzaprine. The guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for the safety and efficacy of muscle relaxants in topical use. As such, the request for 1 prescription of Flurflex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180gm is not medically necessary.