

Case Number:	CM14-0057428		
Date Assigned:	09/10/2014	Date of Injury:	02/05/2001
Decision Date:	11/19/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family Medicine, and is licensed to practice in New Jersey & New York. 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 64 year-old male who injured multiple body parts on 2/5/01. He complains of ongoing cervical and shoulder pain with left hand pain, weakness, tingling, and numbness. He also complained of lower back pain radiating to both lower extremities. He has left leg pain, numbness, tingling, and weakness. He has difficulty walking due to poor balance. On exam, he has tender cervical and lumbar region with decreased range of motion and slightly decreased strength and sensation. He had an abnormal electrodiagnostic study of his upper and lower extremities. A cervical MRI showed disc protrusion, foraminal narrowing, and facet arthropathy. He was diagnosed with chronic pain syndrome, spondylolisthesis of C7-T1, failed back surgery syndrome, multilevel disc disease with disc protrusion and facet arthrosis, cervical and lumbar radiculitis, and myofascial pain syndrome. He had cervical and lumbar spinal procedures for disc displacement. He was treated with trigger point injections and physical therapy. He is unable to tolerate oral medications due to gastritis. He was documented as taking Tylenol. However, there was no clear documentation of what oral medications he took, their dosage, length of treatment, and improvement in pain. There were no documented goals of treatment. He requested a stronger topical than Voltaren gel. The current request is for multiple topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%: Upheld

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

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

Decision rationale: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. In the chart, there was no clear documentation of what oral medications he took, their dosage, length of treatment, and improvement in pain. There were no documented goals of treatment. Topicals are often used when oral medications aren't tolerated, however, we cannot tell which medications he had used previously. Therefore, the request is considered not medically necessary.

Lidocaine 57%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Indication Page(s): 112.

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

Decision rationale: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Non-dermal patch formulations of Lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. In the chart, there was no clear documentation of what oral medications he took, their dosage, length of treatment, and improvement in pain. There were no documented goals of treatment. Topicals are often used when oral medications aren't tolerated, however, we cannot tell which medications he had used previously. Therefore, the request is considered not medically necessary.

Menthol 57%: 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 Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. There are no guidelines for the use of menthol with the patient's spine complaints. In the chart, there was no clear documentation of what oral medications he took, their dosage, length of treatment, and improvement in pain. There were no documented goals of treatment. Topicals are often used when oral medications aren't tolerated, however, we cannot tell which medications he had used previously. Therefore, the request is considered not medically necessary.

Camphor 1%: 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: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. In the MTUS, there are no guidelines for the use of camphor. In the chart, there was no clear documentation of what oral medications he took, their dosage, length of treatment, and improvement in pain. There were no documented goals of treatment. Topicals are often used when oral medications aren't tolerated, however, we cannot tell which medications he had used previously. Therefore, the request is considered not medically necessary.

Tramadol 15%: 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: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. There is little research to support topical Tramadol use in treatment of chronic pain. Long-term use has not been evaluated and cannot be recommended. In the chart, there was no clear documentation of what oral medications he took, their dosage, length of treatment, and improvement in pain. There were no documented goals of treatment. Topicals are often used when oral medications aren't tolerated, however, we cannot tell which medications he had used previously. Therefore, the request is considered not medically necessary.

Dextromethor 10%: 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: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Topical dextromethorphan is an NMDA receptor antagonist like ketamine. There are MTUS guidelines specifically for dextromethorphan but generally these Topicals are largely experimental. In the chart, there was no clear documentation of what oral medications he took, their dosage, length of treatment, and improvement in pain. There were no documented goals of treatment. Topicals are often used when oral medications aren't tolerated, however, we cannot tell which medications he had used previously. Therefore, the request is considered not medically necessary.

Capasacin 0.025%: 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: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Topical capsaicin has been useful with osteoarthritis, fibromyalgia, and chronic non-specific back pain. It is useful in patients whose pain is not controlled by conventional therapy. In the chart, there was no clear documentation of what oral medications he took, their dosage, length of treatment, and improvement in pain. There were no documented goals of treatment. Topicals are often used when oral medications aren't tolerated, however, we cannot tell which medications he had used previously. Therefore, the request is considered not medically necessary.