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| Case Number: | CM14-0059188 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 04/13/2011 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 04/07/2014 |
| Priority: | Standard | Application Received: | 04/29/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55 year-old individual was reportedly injured on April 13, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 16, 2014, indicates that there are ongoing complaints of neck, bilateral shoulder and right elbow pain. The physical examination demonstrated tenderness to palpation, muscle spasm and a reduced range of motion of the cervical spine. There is tentative palpation of the anterior aspect of the left shoulder with associated muscle spasm. No other findings are reported. Diagnostic imaging studies were not reviewed. Previous treatment includes medication, conservative care, physical therapy, and pain interventions. A request had been made for multiple topical preparations and was not certified in the pre-authorization process on April 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Tramadol 20% in Mediderm base, QTY: 30 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines note there is little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. Therefore, this request is not medically necessary.

Flurbiprofen 20%/Tramadol 20% in Mediderm base, QTY: 240 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines note there is little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. Therefore, this request is not medically necessary.

Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in Mediderm base, QTY: 30 gm: Upheld

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

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

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". Additionally, the guidelines state there is no evidence to support the use of topical gabapentin and recommend against the addition of Gabapentin to other agents. Therefore, this request is not considered medically necessary.

Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in Mediderm base, QTY: 240 gm: Upheld

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

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

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". Additionally, the guidelines state there is no evidence to support the use of topical gabapentin and recommend against the addition of Gabapentin to other agents. Therefore, this request is not considered medically necessary.

Cyclobenzaprine 7.5 mg, QTY: 60 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41 & 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain, therefore this request is not considered medically necessary.

Chondrolite 500/200/150 mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (And Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: This medication is recommended given its low risk of side effects. Furthermore, this is recommended in patients with moderate arthritic pain, especially knee osteoarthritis. Some studies have demonstrated a significantly high efficacy for crystalline glucosamine sulfate on all outcomes, including joint space narrowing, pain, mobility, safety and response to treatment but similar studies are lacking relative to glucosamine hydrochloride. Therefore, when noting the parameters listed above and the relative lack of efficacy of this medication with respect the past treatments, there is no clinical indication to establish the medical necessity of this protocol.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) criteria for use of opioids, chapter 4, page 78.

Decision rationale: When noting the data presented for review there is no indication of drug diversion, intoxication, inappropriate continue behaviors or the premise that would reflect the current medication protocol. As such, there is insufficient data presented to support the need for a urine drug screen. Therefore, this request is not medically necessary.