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| Case Number: | CM14-0061530 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 06/03/2013 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 04/16/2014 |
| Priority: | Standard | Application Received: | 05/01/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 06/18/2014 showed occasional moderate pain in the cervical area described as pinching with aggravation by lying down. There was a feeling of pins and needles sensation in the cervical area. There was occasional moderate pain in bilateral shoulders that was described as aching. The pain was aggravated by lying down on his side and physical activities. There was numbness in both arms. There was constant severe pain in the lumbar area described as burning and was made worse by driving long distances; the pain extended into the upper back. There was weakness and numbness when sitting for long periods. Physical examination revealed spasm and tenderness to bilateral paraspinal muscles from C2 to C6 and bilateral suboccipital muscles. Axial compression test was positive bilaterally for neurological compromise. Distraction test was positive bilaterally. Shoulder depression test was positive on the left. The brachioradialis reflex was decreased bilaterally. The triceps reflex was decreased bilaterally. There was spasm and tenderness to bilateral lumbar paraspinal muscles from L3 to S1. Kemp's test was positive bilaterally. Yeoman's test was negative. The left Achilles reflex was decreased. There was spasm and tenderness to the bilateral upper shoulder muscles. Supraspinatus test was positive bilaterally. Treatment to date has included Chiropractic Therapy, Physical Therapy, Oral Medications, and Topical Medications for inflammation and muscular pain since February 2014. Utilization review from 04/16/2014 denied the request for the purchase of inflammation topical compound (Lidocaine 6%, Gabapentin 10%, Tramadol 10%) 180g, 2 refills and muscular pain topical compound (Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%) 180g, 2 refills because there were no orthopedic clinical documentation submitted to demonstrate the use of the topical creams for appropriate diagnosis

or for the recommended limited periods of time. It was not clear that the topical compounded medications were medically necessary in addition to prescribed oral medications. There was no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. The request for computerized ROM studies and NIOSH analysis were denied because the examinations of the patient's lumbar spine; upper extremities; and lower extremities eliminated the medical necessity of any possible computerized range of motion testing. The documented objective physical findings and ranges of motion in the clinical report would be established as the baseline for treatment. The ROM of the lumbar/cervical spine, upper extremities and lower extremities can be demonstrated in the physical examination and documented as objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inflammation Topical Compounded Cream (Lidocaine 6%, Gabapentin 10%, Tramadol 10%) 180gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical formulation of Tramadol does not show consistent efficacy. The compound Gabapentin is not supported by the guidelines. Topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, the inflammation topical cream was prescribed as adjuvant therapy to oral medications. However, the topical cream contains both Gabapentin and Lidocaine that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for inflammation topical compound (Lidocaine 6%, Gabapentin 10%, Tramadol 10%) 180g, 2 refills is not medically necessary.

Muscular Pain Topical Compound Cream (Flurbipofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%) 180gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended for use as a topical analgesic. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. Topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Baclofen in a topical formulation is not supported by the guidelines. In this case, the muscular pain topical cream was prescribed as adjuvant therapy to oral medications. However, the topical cream contains Flurbiprofen, Cyclobenzaprine, Baclofen, and Lidocaine that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for muscular pain topical compound (Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%) 180g, 2 refills is not medically necessary.

Follow-Up visit for computerized ROM studies and the NIOSH analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS), Aetna.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexibility; Pain, Functional Improvement Measures.

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back, Flexibility was used instead. ODG states that computerized measures of range of motion are not recommended as the results are of unclear therapeutic value. In this case, there is no discussion concerning the need for variance from the guidelines as computerized testing is not recommended. It is unclear why the conventional methods for strength and range of motion testing cannot suffice. Furthermore, the present request does not specify the joint to be tested. Regarding NIOSH analysis, CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines was used instead. The ODG states that the importance of an assessment is to have a measure that can be repeated and used over the course of treatment to demonstrate improvement of function or maintenance of function that would otherwise the period. However, there is no discussion as to the specifics of these measurements. The usual history and physical exam should provide adequate and substantial information concerning the patient's functional and medical condition. These are routine office procedures and protocols and a specific request for such implies special procedures, which may or may not be medically necessary. Therefore, the request for follow-up visit for computerized ROM studies and NIOSH analysis is not medically necessary.