

Case Number:	CM14-0069266		
Date Assigned:	07/14/2014	Date of Injury:	01/10/2008
Decision Date:	09/09/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/14/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 59-year-old male with a report of an injury of unknown mechanism on 01/10/2008. On 04/30/2014, his diagnoses included left knee internal derangement, left knee sprain/strain, status post left knee surgery, loss of sleep and sleep disturbance. His complaints included occasional severe stabbing, throbbing pain with stiffness and numbness to the left knee with tingling radiating down to the left foot. His pain was exacerbated by cold weather, repetitive movement, standing, walking, bending or kneeling. His pain disturbed his sleep. Upon examination, there was swelling and tenderness to palpation of the anterior and posterior knee with muscle spasms. His medications included hydrocodone 10/325 mg, naproxen 550 mg, cyclobenzaprine 10 mg, omeprazole 20 mg, Cartivisc 500/200/150 mg, and compounded topical creams. On 01/27/2014, he was seen for a followup of a revision of a left total knee arthroplasty, which was performed because of a loose tibial component. When he requested a prescription refill, he was told by the treating physician that he would have to be seen by a pain management specialist for the renewal of the medication. There was no rationale included in the chart. A Request for Authorization for the hydrocodone, cyclobenzaprine, condrolite and compounded creams dated 02/27/2014 was included in this injured worker's chart. There was no Request for Authorization for the zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation Official disability guidelines ,pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-95 Page(s): 74-95.

Decision rationale: The request for hydrocodone 10/325 mg #60 is non-certified. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other care givers should be considered when determining the patient's response to treatment. Opioids should be continued if the injured worker has return to work or has improved functioning and decreased pain. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. Long term use of opioids may result in immunological or endocrine problems. It was noted in the submitted documentation that this injured worker had been taking opioids for a number of years. There was no documentation in the regarding appropriate long term monitoring, evaluations including psychosocial assessment, side effects failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy or collateral contacts. Additionally, there was no frequency specified in the request. Therefore, this request for Hydrocodone 10/325 mg #60 is not medically necessary.

Cyclobenzaprine 7.5 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official disability guidelines ,pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, pages 63-66 Page(s): 63-66.

Decision rationale: The request for cyclobenzaprine 7.5 #60 is non-certified. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for the short term treatment of acute exacerbations in patients with pain. They show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Decisions are based on evidence based criteria. Muscle relaxants are supported only for short term use. Chronic use would not be supported by the guidelines. Cyclobenzaprine per se is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. This injured worker has been using cyclobenzaprine for a matter of months, which exceeds the recommended guidelines of 2 to 3 weeks. Also, there was no documentation of significant functional benefit with the use of cyclobenzaprine. Furthermore, the request did not specify a correct dosage or

frequency of administration. Therefore, this request for Cyclobenzaprine 7.5 #60 is not medically necessary.

Condrolite 500/200/150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Glucosamine/ Chondroitin (for knee arthritis).

Decision rationale: The request for Condrolite 500/200/150 mg #90 is non-certified. Official Disability Guidelines do recommend a glucosamine-chondroitin combination for patients with moderate osteoarthritic knee pain. Several studies have demonstrated a highly significant efficacy of glucosamine on pain, mobility, safety and response to treatment. Chondroitin sulfate has no effect on comfort in patients with severe degenerative arthritis of the knee. Compared with placebo, however, it appears that chondroitin may have a small protective effect on the joint. This injured worker does not have a diagnosis of osteoarthritis of the knee. Additionally, there was no frequency of administration included in the request. Therefore, this request for Condrolite 500/200/150 mg #90 is not medically necessary.

Zolpidem 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines ,pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien®).

Decision rationale: The request for Zolpidem 10 mg #30 is non-certified. Zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term, usually 2 to 6 weeks, treatment of insomnia. While sleeping pills, so called minor tranquilizers, and antianxiety agents are commonly prescribed in chronic pain cases, pain specialists rarely, if ever recommend them for long term use. They can be habit forming and they can impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long term. Additionally, zolpidem is linked to a sharp increase in emergency room visits, so it should be used safely for only a short period of time. According to the submitted documentation, this worker has been using zolpidem since 08/29/2013, which exceeds the recommendations in the guidelines of 2 to 6 weeks. Additionally, there is no frequency of administration specified in the request. Therefore, this request for Zolpidem 10 mg #30 is not medically necessary.

Compounded medication: a(flurbiprofen 20%,tramadol 20% in mediderm base :30 gm in office and 240 gm (total 270 gm)and b)gabapentin 105,dextromethorphan

10%, amitriptyline 105 in mediderm base :30 gms in office and 240 gm (total 270 gm):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 111.

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

Decision rationale: The request for compounded medication: a (Flurbiprofen 20%, Tramadol 20% in mediderm base :30 gm in office and 240 gm (total 270 gm) and b) Gabapentin 105, Dextromethorphan 10%, Amitriptyline 105 in Mediderm base :30 gms in office and 240 gm (total 270 gm) is non-certified. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control including NSAIDs, local anesthetics, opioids, antidepressants and antiepileptics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The only FDA approved NSAID for topical application is Voltaren gel 1% (diclofenac) which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen is not recommended. Gabapentin is not recommended. There is no peer reviewed literature to support its use. Non-approved ingredients do not meet the evidence based guidelines for topical analgesics. Additionally, the request did not specify any body part or parts to which these creams were to have been applied, nor a frequency of application. Therefore, this request for compounded medication: a (Flurbiprofen 20%, Tramadol 20% In Mediderm base :30 gm in office and 240 gm (total 270 gm) and b) Gabapentin 105, Dextromethorphan 10%, Amitriptyline 105 in Mediderm base :30 gms in office and 240 gm (total 270 gm) is not medically necessary.