

Case Number:	CM14-0071586		
Date Assigned:	07/16/2014	Date of Injury:	01/02/2004
Decision Date:	08/27/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/16/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 female who reported a fall after a blow to the head on 01/02/2004. On 04/29/2014, her diagnoses included sprain/strain of the knee, internal derangement of the knee, status post failed right knee replacement surgery with instability and compensatory left knee pain. She rated her right knee pain at 8/10 and her left knee pain at 5/10. Her medications included TGHOT topical cream, Omeprazole 20 mg, Tramadol ER 150 mg, and Flurflex cream. The rationale for the 2 topical creams was to reduce pain and decrease the need of oral medications. The rationale for the Tramadol was to reduce moderate to moderately severe pain and the rationale for the Omeprazole was to reduce acid. There was no request for authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Tramadol ER 150 mg.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): : 113, 78.

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

Decision rationale: The request for 30 tablets of Tramadol ER 150 mg is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. 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 caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressant and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. Long-term use may result in neurological or endocrine problems. There was no documentation in the submitted chart to attest to appropriate long-term monitoring, evaluations including psychosocial assessment, side effects, failed trials of NSAIDs, aspirin, antidepressant or anticonvulsants, quantified efficacy, drug screens or collateral contacts. Additionally, there was no frequency specified in the request. Without the frequency, morphine equivalency dosage cannot be calculated. Therefore, this request for 30 tablets of Tramadol ER 150 mg is not medically necessary.

1 jar of THGot 180 grams (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2 %, Capsaicin 0.05%): 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 for 1 jar of THGot 150 gm (Tramadol, Gabapentin, Menthol, Camphor, Capsaicin) is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Many agents are compounded in combination for pain control including opioids, capsaicin, and local anesthetics. 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. Capsaicin is recommended only as an option in patients who have responded to, or are intolerant to, other treatments. Capsaicin is generally available as a 0.025 % formulation, as a treatment for osteoarthritis. There is no current indication that any increase over 0.025% formulation would provide any further efficacy. The requested cream contains twice the recommended concentration. Additionally, Gabapentin is not recommended. There is no peer-reviewed literature to support its use. Additionally, no body part was specified to which the cream was to have been applied. Also, there was no frequency of application specified. Therefore, this request for 1 jar of THGot 180 gm (Tramadol, Gabapentin, Menthol, Camphor, Capsaicin) is not medically necessary.

1 jar of FlurFlex 180 grams (Flurbiprofen 10%/ Cyclobenzaprine 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 for 1 jar of Flurflex 180 gm (Flurbiprofen, Cyclobenzaprine) is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Many agents are compounded in combination for pain control including NSAIDs and muscle relaxants. There is little to no research to support 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. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. Additionally, no body part was specified to which the cream was to have been applied. Furthermore, there was no documentation submitted of failed trials of antidepressant or anticonvulsants. Also, there was no frequency of application specified. Therefore, this request for 1 jar of FlurFlex 180 gm (Flurbiprofen, Cyclobenzaprine) is not medically necessary.

60 capsules of Omeprazole 20 mg.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor Page(s) : 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for 60 capsules of Omeprazole 20 mg is not medically necessary. The California MTUS Guidelines recommend that clinicians should weigh the indications for NSAIDs against GI factors to determine if a patient is at risk for gastrointestinal events. They must fall into the categories of: age greater than 65 years, have a history of peptic ulcer or GI bleeding or perforation, have a concurrent use of aspirin, corticosteroids, and/or anti-coagulants or have a high dose or multiple use of NSAIDs. This injured worker does not fall into any of those categories and is therefore considered having no risk factors for gastrointestinal events. Additionally, the frequency of administration was not specified in the request. Therefore, this request for 60 capsules of Omeprazole 20 mg is not medically necessary.