

Case Number:	CM14-0181011		
Date Assigned:	11/07/2014	Date of Injury:	01/10/2005
Decision Date:	01/14/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 51-year-old female with a 1/10/05 date of injury, due to continues trauma. The patient underwent the left knee arthroscopy. The patient was seen on 4/25/14 with complaints of continued pain in the neck, back and left knee. The patient also reported weakness, numbness, tingling and radiating pain in the left lower extremity. The progress note stated that the medications haled with the patient's symptoms. Exam findings of the cervical spine revealed tenderness to palpation over the paraspinal muscles and trapezial muscles with spasms, and flexion and extension of 20 degrees. The exam of the lumbosacral spine revealed spasm and tenderness to palpation over the paraspinal muscles, extension of 20 degrees and flexion lacking 20 inches from fingertips to the floor. The exam of the left knee revealed effusion, tenderness to palpation and range of motion 0-125 degrees. The exam of lower extremities reveled normal motor strength and reflexes and decreased sensation to the left thigh. The SLR test was positive bilaterally. The diagnosis is status post left knee arthroscopy, lateral epicondylitis of the right elbow and lumbar spine spondylosis. Treatment to date: left knee arthroscopy, work restrictions and medications. An adverse determination was received on 10/1/14. The requests for Hydro/BIT @ ACET 2.5-325mg #480 and Butalbital/APAP 50/325/40 #120 were modified to a 30 days supply for purpose of weaning. The determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The progress notes indicated that the patient was utilizing Diclofenac at least from 4/23/14. However, there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, the progress report dated 7/15/14 indicated that the patient complained of upset stomach, acid stomach and nausea due to the medications that she has been taking. Lastly, there is no rationale with regards to the necessity for Diclofenac for the patient. Therefore, the request for Diclofenac 100mg #120 was not medically necessary.

Hydro/BIT @ ACET 2.5-325mg #480: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2005 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, the UR decision dated 10/1/14 modified the request for Hydro/BIT @ ACET 2.5-325mg #480 to a 30 days supply for the purpose of weaning. Therefore, the request for Hydro/BIT @ ACET 2.5-325mg #480 was not medically necessary.

Docusate Sodium 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy Page(s): 77. Decision based on Non-MTUS Citation FDA (Docusate)

Decision rationale: The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. The progress notes indicated that the patient was utilizing Docusate sodium at least from 4/23/14. However, there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, there is a lack of rationale indicating necessity for Docusate sodium for the patient. Therefore, the request for Docusate Sodium 100mg #60 was not medically necessary.

Butalbital/APAP 50/325/40 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesics Page(s): 23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesics are not recommended for chronic pain, with high potential for drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The progress notes indicated that the patient was utilizing Butalbital/APAP at least from 4/23/14. However, there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, the UR decision dated 10/1/14 modified the request for Butalbital/APAP 50/325/40 #120 to a 30 days supply for the purpose of weaning. Lastly, the Guidelines do not support barbiturate-containing analgesics for chronic pain. Therefore, the request for Butalbital/APAP 50/325/40 #120 was not medically necessary.

Flurbiprofen topical compound 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and

other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, there remains sparse documentation as to why the prescribed compound formulation would be required despite adverse evidence. Therefore, the request for Flurbiprofen topical compound 30gm was not medically necessary.

Flurbiprofen topical compound 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, there remains sparse documentation as to why the prescribed compound formulation would be required despite adverse evidence. Therefore, the request for Flurbiprofen topical compound 120gm was not medically necessary.

Cyclobenzaprine w/ Tramadol compound 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The progress notes indicated that the patient was utilizing Cyclobenzaprine w/ Tramadol compound cream at least from 4/23/14, however there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, there remains sparse documentation as to why the prescribed compound formulation would be required despite adverse evidence. Therefore, the request for Cyclobenzaprine w/ Tramadol compound 30gm was not medically necessary.

Cyclobenzaprine w/ Tramadol compound 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The progress notes indicated that the patient was utilizing Cyclobenzaprine w/ Tramadol compound cream at least from 4/23/14, however there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, there remains sparse documentation as to why the prescribed compound formulation would be required despite adverse evidence. Therefore, the request for Cyclobenzaprine w/ Tramadol compound 120gm was not medically necessary.