

Case Number:	CM14-0189612		
Date Assigned:	11/20/2014	Date of Injury:	09/25/1991
Decision Date:	01/08/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/13/2014

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 Interventional Spine 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:

The patient is a 58 year old male with an injury date of 09/25/91. Based on the 10/28/14 progress report provided by treating physician, the patient complains of right arm, right neck and shoulder pain with numbness of hands, and low back pain that radiates to the right leg with numbness. Patient is right elbow ulnar release 02/14/12 and 03/10/11. Physical examination revealed tenderness to palpation and spasm to paraspinals, shoulder blade, and lateral lower buttock area. Straight leg raise exacerbates left side back and leg pain. Range of motion of the cervical, thoracic and lumbar spines was diminished due to pain. Patient's medications include Oxycontin, Percocet, Motrin, Amitiza, and Benazepril. Percocet, Motrin and Amitiza have been prescribed in progress reports dated 10/15/13 and 10/28/14. Oxycontin and Percocet are prescribed at wean down dose strength. Regarding Motrin, treating physician states "he needs to hold before and after teh surgery," without further discussion. Amitiza is prescribed for severe constipation. Treating physician requested topical compounds due to "unable to get approval of any medication," per progress report dated 10/28/14. Patient has been "relying on TENS and OTC meds to survive, his function and ADL was severely affected," as his prescriptions have not been approved. Patient's pain is rated 7/10, and is decreased to 3/10 with medications. Patient has low SOAPP-R (Screener and Opioid Assessment for Patients with Pain-Revised) of 4. Urine toxicology tests dated 10/28/14, 07/21/14, 06/10/14, 04/28/14 revealed results consistent with prescriptions. Patient has logged online to PDMP for his CURE. Patient is continuing with TENS for lumbar spasm and home exercise program. Patient is not working. Diagnosis 10/28/14- cervical disc degeneration status post fusion C7-T1- lumbar/lumbosacral disc degeneration status post surgery 1995 and 2003- carpal tunnel syndrome- obesity- ulnar compression- comorbid constipation- recurrent left iliac infection in the bone donor site- rule out diabetes mellitus-

muscle spasmThe utilization review determination being challenged is dated 11/03/14.
Treatment reports were provided from 09/06/13 - 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compounded Flurbiprofen 20% and Lidocaine 5% 4gm: Upheld

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

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

Decision rationale: MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treating physician requested topical compounds because patient is "unable to get approval of any medication," per progress report dated 10/28/14. Patient has been "relying on TENS and OTC meds to survive, his function and ADL was severely affected," as his prescriptions have not been approved. NSAID cream is indicated for osteoarthritis, which the patient does not present with, and is to be used for short duration of 2 weeks. Also, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form. The request is not medically necessary.

Topical compounded Cyclobenzaprine 10% and Lidocaine 2% 4gm: Upheld

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

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

Decision rationale: The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of

any other muscle relaxant as a topical product. "Treating physician requested topical compounds because patient is "unable to get approval of any medication," per progress report dated 10/28/14. Patient has been "relying on TENS and OTC meds to survive, his function and ADL was severely affected," as his prescriptions have not been approved. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine, which is not supported for topical use in lotion form. The request is not medically necessary.

Percocet 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Medication for Chronic Pain Page(s): 88, 89, 78, 60-61.

Decision rationale: MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 10/28/14, Oxycontin and Percocet are prescribed at wean down dose strength. In discussing the 4A's, treating physician has addressed analgesia and aberrant behavior, however he has not mentioned adverse side effects, nor provided specific examples of ADL's. Treating physician has not provided functional measures demonstrating significant improvement due to Percocet. Given lack of documentation as required by MTUS, recommendation is for denial with taper of medication, as the request is not medically necessary.

Motrin 600mg #90 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, Medication for chronic pain Page(s): 22, 60.

Decision rationale: Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 10/28/14, regarding Motrin, treating physician states "he needs to hold before and after the surgery," without further discussion. Patient has been "relying on TENS and OTC meds to survive, his function and ADL was severely affected," as his prescriptions have not been approved. Patient's pain is rated 7/10, and is decreased to 3/10 with medications. Patient appears to benefit from Motrin, which is indicated by guidelines for his condition. The request is medically necessary.

Amitiza 24mcg #60 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter states: Lubiprostone (Amitiza)

Decision rationale: ODG-TWC, Pain (Chronic) Chapter states: Lubiprostone (Amitiza): Recommended only as a possible second-line treatment for opioid-induced constipation. Per progress report dated 10/28/14, Amitiza is prescribed for severe constipation. Patient has been prescribed opiates at least from 10/15/13, based on progress report, and he has a diagnosis of constipation. The requested medication is indicated by ODG for opioid-induced constipation, and is medically necessary.