

Case Number:	CM14-0192623		
Date Assigned:	11/26/2014	Date of Injury:	07/29/2002
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/18/2014

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:

This patient is a 62 year old female with a date of injury of 7/29/2002. Per treating physician report 9/24/14, the patient presents with constant right arm pain. She was given a sample of a medicated cream that contains Cyclobenzaprine, Gabapentin, and amitriptyline. She says the "medicated cream allows her to exercise more regularly." Pain is rated as 6/10 while the spinal cord stimulator is on. Pain increases to 10/10 when she does not use her SCS or meds. Current medications include Norco, Ibuprofen, Celebrex and Tizanidine which helps with her pain with no side effects. Physical examination revealed pain and discomfort in the right upper extremity with some swelling and discoloration in the wrist, hand, and fingers. There is allodynia, hyperalgesia and limited range of motion noted. The patient has had an IV lidocaine treatment previously with 70% improvement of her pain for a period of 24-36 hours. Report 7/24/14 notes that with Norco the pain is decreased from 8-9/10 to 3/10 and she is able to garden, scrub her body and clean. Without the medication she is avoiding using her right arm together. The patient is currently not working. The listed diagnoses are right upper extremity complex regional pain syndrome, right upper extremity pain, depression, GI dyspepsia and dental degenerative due to chronic use of oral opiates. Treatment plan is for continuation of medications, follow up in 2 months and continue IV lidocaine therapy. The Utilization review denied the requests on 10/31/14. Treatment reports from 11/3/13 through 9/24/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for Use of Opioids Page(s): 60-61; 88-89; 76-78.

Decision rationale: This patient presents with constant right arm pain. The current request is for Norco 10/325MG #120. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The 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. The patient has been utilizing Norco since at least 11/13/13. Progress report indicate that the patient is failed other conservative treatments and is depending of a variety of mediations. Progress reports indicate that pain decreases from 10/10 to average 5/10 with the use of SCS as well as medications, with no noted side effects. Report 7/24/14 notes that with Norco the pain is decreased from 8-9/10 to 3/10 and she is able to garden, scrub her body and clean. Without the medication she is avoiding using her right arm together. In this case, recommended for further use of Norco cannot be supported as there are no urine drug screens or discussion of possible aberrant behaviors are required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opiate use. The requested Norco is not medically necessary and recommendation is for slow weaning per the MTUS Guidelines.

Compounded topical Cyclobenzaprine, Gabapentin, and Amitriptyline cream # 180 with 2 refills: Upheld

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

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

Decision rationale: This patient presents with constant right arm pain. The current request is for Cyclobenzaprine, Gabapentin and Amitriptyline Cream #180 with 2 refills. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." The MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Gabapentin and Cyclobenzaprine is not recommendation in any topical formulation; therefore, the entire compound topical cream is rendered invalid. This topical compound medication is not medically necessary.

