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| Case Number: | CM14-0194274 | | |
| Date Assigned: | 12/02/2014 | Date of Injury: | 09/26/2005 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 10/25/2014 |
| Priority: | Standard | Application Received: | 11/20/2014 |

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 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 injured worker is a 54-year-old male who reported an injury on 09/26/2005. The mechanism of injury was not submitted for review. The injured worker has diagnoses of gastroesophageal reflux disease secondary to NSAIDs, constipation secondary to NSAIDs, hypertension, hyperlipidemia, and obstructive secondary to pain and stress. Medical treatment consisted of a Functional Capacity Evaluation, surgery, topical analgesia, and medication therapy. Medications include Lisinopril, Prilosec, Citrucel, Miralax, Colace, Crestor, probiotics, ASA/EC, and Lunesta. On 10/14/2014, the injured worker underwent a urine drug screen which indicated that the injured worker was compliant with his prescription medications and positive for Nicotine. On 10/14/2014, the injured worker complained of periumbilical pain and right sided flank pain. Physical examination revealed soft, normal, active bowel sounds; 1+ umbilical tenderness. Extremity examination of tenderness and range of motion were not obtained. The treatment plan was for the injured worker to continue the use of medication therapy. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of topical compound FCL (Flurbiprofen, Cyclobenzaprine, Lidocaine) cream 180grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Analgesics, compounded; Muscle relaxan.

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

Decision rationale: The request for 1 prescription of topical compound FCL (Flurbiprofen, Cyclobenzaprine, Lidocaine) cream 180grams is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines further state that Lidoderm patches are the only guideline approved topical form of Lidocaine. Additionally, topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short term use (4 to 12 weeks). As the guidelines do not recommend the use of muscle relaxants or Lidocaine for topical application, the medication would not be indicated. Additionally, the request as submitted did not indicate a frequency, duration, or a site of application. Given the above, the request is not within guideline criteria. As such, the request is not medically necessary.

1 prescription of Tramadol 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, long-term assessment; Weaning of Medic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing management Page(s): 82, 93, 94, 113; 78.

Decision rationale: The request for 1 prescription of Tramadol 100mg #60 is not medically necessary. The California MTUS Guidelines state central analgesic drugs such as Tramadol are reported to be effective in managing neuropathic pain and are not recommended as a first line oral analgesic. The California MTUS Guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The guidelines further state that there should be a documented assessment showing what pain levels are before, during, and after medication administration. The submitted documentation lacked the efficacy of the medication. It did not indicate whether the medication was helping with any functional deficits the injured worker was having. A urine drug screen was submitted on 10/14/2014 showing that the injured worker was compliant with prescription medications. However, there were no assessments indicating what pain levels were before, during, and after medication administration. Furthermore, the request as submitted did not specify a frequency of the medication. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.

