MAXIMUS Federal Services

Case Number:	CM14-0199309		
Date Assigned:	12/09/2014	Date of Injury:	09/17/2010
Decision Date:	03/03/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 56-year-old female worker with a work related injury dated September 17, 2010. The injury was described as cutting her hand on a can lid that resulted in tendon and nerve damage. The physician's visit dated October 1, 2014 and October 13, 2014 reflected that the worker was complaining of lumbo/sacral spine pain. Pain was increased with range of motion and twisting. Chiropractic treatment was reported to help briefly with pain relief. The worker was also reported to have elevated blood pressure and was currently out of her medication for this. Functional status was documented as improved. Physical exam was remarkable for pain when changing position from sitting to rising, movement with stiffness, tenderness in the lumbo/sacral spine along with decreased range of motion. Current diagnoses at the visit included lumbar sprain, sleep disturbance, gastrointestinal upset, spondylolisthesis, and unspecified acute reaction to stress, anxiety, depressive disorder and psychosexual dysfunction. Treatment plan at this time included chiropractic therapy, medication refills for Motrin, Ultram, Prilosec, and Cyclobenzaprine/Ketoprofen/Lidocaine compounded cream. Work restrictions at this visit were no lifting, stooping or bending and limited standing and walking. The utilization review decision dated October 31, 2014 non-certified the request for the following: 1)Motrin 800mg, 60 count with one refill, 2) Ultram, count 60, 3)Prilosec, 30 count, and 4) Cyclobenzaprine/Ketoprofen/Lidocaine 240gm compounded cream with one refill. The rationale for non-coverage of Tramadol stated that the CA MTUS Chronic Pain Treatment Guidelines notes about long-term use of opiates, it is suggested that rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated, including

functional improvement, appropriate medication use and side effects. In this case, there was no documented symptomatic or functional improvement from its long-term usage. Based on this, the medical necessity for this request was not established and therefore the request was non-certified. The rationale for non-coverage of the compounded cream reflected that the CA MTUS Chronic Pain Treatment Guidelines does not recommend topical analgesic cream. These creams are considered highly experimental without proven efficacy and are only recommended for treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants, which is not documented in this case. In addition, any compounded cream that contains a medication that is not recommended would also not be indicated. The compounded cream was therefore non-certified. Finally, the Motrin and the Prilosec was modified to approve the request as written but with no refills. The only rationale for these modifications that was given was that the efficacy of Motrin was not fully documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN 800MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofren, NSAIDs Page(s): 67-72.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do no indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.CYCLOBENZAPRINE or MUSCLE RELAXANTS (NOT RECOMMNEDED) MTUS states regarding topical muscle relaxants, Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical cyclobenzaprine is not indicated for this usage, per MTUS, KETOPROFEN (NOT RECOMMENDED). Per ODG and MTUS, Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions. LIDOCAINE (RECOMMENDED AFTER FAILURE OF 1ST LINE).ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS states regarding lidocaine, Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). MTUS indicates lidocaine Non-neuropathic pain: Not recommended. The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocine topical patch, this is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical documents do not document the patient as having post-herpetic neuralgia.

ULTRAM #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, and 123. Decision based on Non-MTUS Citation Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultramï¿½)

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. ODG further states that Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen.

PRILOSEC 20MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or(2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg quantity 30 is not medically necessary.

CYCLO-KETO-LIDO CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Ketoprofen, Topical Lidocaine

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do no indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.CYCLOBENZAPRINE or MUSCLE RELAXANTS (NOT RECOMMNEDED) MTUS states regarding topical muscle relaxants, Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical cyclobenzaprine is not indicated for this usage, per MTUS, KETOPROFEN (NOT RECOMMENDED).Per ODG and MTUS, Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions. LIDOCAINE (RECOMMENDED AFTER FAILURE OF 1ST LINE).ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS states regarding lidocaine, Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). MTUS indicates lidocaine Non-neuropathic pain: Not recommended. The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, this is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical documents do not document the patient as having post-herpetic neuralgia.