MAXIMUS Federal Services

Case Number:	CM14-0202518		
Date Assigned:	12/15/2014	Date of Injury:	04/07/2000
Decision Date:	01/30/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 case is a 56 year old male with a date of injury on 4/7/2000. A review of the medical records indicate that the patient has been undergoing treatment for s/p TKA bilateral knees, depressions, s/p discectomy L3-4, and thrombophlebitis left calf. Subjective complaints (10/2/2014) include right wrist 6/10 pain scale, right knee 9/10 on pain scale even with pain medication. Objective findings (10/2/2014) include decrease right wrist range of motion, sensory deficit to L1/L2/L3/L4/L5/S1/S2 dermatome, and nonspecific bilateral knee tenderness with decreased range of motion. Treatment has included medications, surgery, and neuro-modulation system.A utilization review dated 11/4/2014 determined the following:- Non-certified TGIce: Tramdol 8%, Gabapentin 10%, Methol 2%, Camphor 2%- Non-certified Topical Flurbiprofen 20%- Partially certified for Ambien 10 mg #23 (original request for #30)- Non-certified Tizanadine 4 mg #90 with 4 refills- Partially certified for Percocet 10/325 mg #90 (original request for #120)

IMR ISSUES, DECISIONS AND RATIONALES

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

TGIce: Tramdol 8%, Gabapentin 10%, Methol 2%, Camphor 2%: Upheld

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

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 (ODG) Pain, Compound creams

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. TRAMADOL MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case. GABAPENTIN/PREGABALIN MTUS states that topical Gabapentin is Not recommended. And further clarifies, antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product. MENTHOLODG only comments on menthol in the context of cryotherapy for acute pain, but does state Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. ACOEM and MTUS are silent regarding the use of camphor. 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.The requested medication contains several non-recommended components. As such, the request for TGIce: Tramdol 8%, Gabapentin 10%, Methol 2%, Camphor 2% is not medically necessary.

Topical Flurbiprofen 20%: Upheld

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

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 (ODG) Pain, Compound creams

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." FLURBIPROFEN MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for Topical Flurbiprofen 20% is not medically necessary.

Ambien 10 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem, insomnia treatment.

Decision rationale: The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. There has been no discussion of the patients sleep hygiene or the need for variance from the guidelines, such as a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Medical documents also do not include results of these first line treatments, if they were used in treatment of the patients insomnia. ODG additionally states The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Medical documents provided do not detail these components. As such, the request for Ambien 10 mg #30 is not medically necessary at this time.

Tizanadine 4 mg #90 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Zanaflex Page(s): 63-67.

Decision rationale: Zanaflex is the brand name version of tizanidine, which is a muscle relaxant. MTUS states concerning muscle relaxants "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (VanTulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms ofclinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008)." MTUS further states, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist thatis FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have

demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)." Refills are not appropriate for Zanaflex due to the need for medical monitoring. In addition, it is not clear that the patient is getting relief from Zanaflex. Also, the medical treatment notes do not detail failure of first line treatment. As such, the request for Zanaflex 4mg #90 with 4 refills is not medically necessary.

Percocet 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

Decision rationale: Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid except for short use for severe cases, not to exceed 2 weeks and Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficultly weaning. Medical documents indicate that the patient has been on Percocet for several months, in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include If there is no overall improvement in function, unless there are extenuating circumstances. The treating physician documents minimal pain level improvement. Additionally, medical records do not indicate overall improvement in function, which is required for continued use of this medication. As such, the request for Percocet 5/325mg #120 is not medically necessary.