

Case Number:	CM14-0206691		
Date Assigned:	12/18/2014	Date of Injury:	09/25/2006
Decision Date:	02/10/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal 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 (IW) is a 50-year-old man with a date of injury of September 25, 2006. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are status post exploration of the fusion, L5-S1 with extension of fusion to L4-L5 on July 24, 2012; status post MLD L4-L5 and L5-S1 in 2007; status post lumbar fusion L5-S1 in 2009; lumbar radiculopathy; and diabetes mellitus. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated October 21, 2014, the IW complains of cramping, stabbing, and aching low back pain with radiation of numbness and tingling to the bilateral lower extremities extending down to the toes. He rates his pain 8/10. In regards to medications, he uses Norco 5/325mg, Norflex 100mg, and Pamelor HCL 25mg. Medications reduce his pain, improve his quality of sleep, and improve his daily function. He also uses Menthoderm gel, which helps to reduce his pain. He denies any side effects from his medications. Objectively, the IW is wearing a lumbar corset during the exam. He is ambulating with a single-point cane. Palpation of the thoracic and lumbar spine reveals bilateral paraspinal tenderness. There is a well-healed incision over the lumbar spine. Sensation is intact in the bilateral lower extremities. Current medications include Norco 5/325mg, Norflex ER 100mg, Pamelor 25mg, and Gabapentin cream. The injured worker was using hydrocodone as far back as 2012. A recent utilization review and modified a prior request with instructions to begin weaning off of narcotics. The IW continues to complain of pain rated 6-8/10 on the pain scale without objective functional improvement. The current request is for Nortriptyline HCL 25mg #60 with 2 refills, Tramadol/APAP 37.5/325mg #30 with 2 refills, and CM1-Gabapentin 10% cream.

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 CM1 - Gabapentin 10%: Upheld

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

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 Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription topical compound CM1 - gabapentin 10% is not medically necessary. Topical compounds are largely experimental few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker is 50 years old with a date of injury September 25, 2006. The injured worker's working diagnoses are status post exploration of the fusion L5 - S1 with extension of fusion L4 - L5; status post MLD L4 - L5 and L5 - S1; status post lumbar fusion L5 - S1; lumbar radiculopathy; and diabetes mellitus. Gabapentin 10% topical was prescribed on the October 21, 2014 progress note. Topical Gabapentin is not recommended. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Consequently, topical compound CM1 - gabapentin 10% is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, CM - 1 Gabapentin 10% is not medically necessary.

1 prescription of Nortriptyline HCL 25mg, #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Antidepressants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Nortriptyline 25 mg #60 with two refills is not medically necessary. Try cyclic antidepressants are considered first-line agents unless they are ineffective, poorly tolerated or contraindicated. Tricyclics are an indicated first-line treatment for neuropathic pain. In this case, the injured worker is 50 years old with a date of injury September 25, 2006. The injured worker's working diagnoses are status post exploration of the fusion L5 - S1 with extension of fusion L4 - L5; status post MLD L4 - L5 and L5 - S1; status post lumbar fusion L5 - S1; lumbar radiculopathy; and diabetes mellitus. The documentation indicates the injured worker has been using antidepressants (tricyclics) for treatment of neuropathic pain since 2012. There is no documentation indicating adverse effects from long-term use. The symptoms

are decreased and the medications assist with sleep. Although Nortriptyline is indicated as a first-line treatment, the injured worker is scheduled for a follow-up visit in four weeks and consequently, the two refills are not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, one prescription Nortriptyline 25 mg #60 with two refills is not medically necessary.

1 prescription of Tramadol/APAP 37.5/325mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol/APAP 37.5/325 mg #60 with two refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed pain and function. Opiates should be discontinued if there is no overall improvement in function, decrease in function, or serious non-adherence. Long-term (greater than 16 weeks) efficacy of opiates is unclear unlimited and there is a high risk for dependence and sensitization. In this case, the injured worker is 50 years old with a date of injury September 25, 2006. The injured worker's working diagnoses are status post exploration of the fusion L5 - S1 with extension of fusion L4 - L5; status post MLD L4 - L5 and L5 - S1; status post lumbar fusion L5 - S1; lumbar radiculopathy; and diabetes mellitus. The injured worker was using hydrocodone as far back as 2012. A recent utilization review and modified a prior request with instructions to begin weaning off of narcotics. The injured worker continues to complain of 6 - 8/10 on the pain scale without objective functional improvement. The injured worker was to begin weaning off of hydrocodone and it would be inconsistent to introduce a new opiate, tramadol/APAP at this time. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, tramadol/APAP 37.5/325 mg #60 with two refills is not medically necessary.