

Case Number:	CM14-0207007		
Date Assigned:	12/19/2014	Date of Injury:	05/09/2012
Decision Date:	02/13/2015	UR Denial Date:	11/24/2014
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 Physical Medicine Rehab, 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:

The patient is a 51 year old female with an injury date of 05/09/12. Based on the 08/20/14 progress report, the patient complains of left knee pain, left ankle pain with numbness, and achy lumbar spine. She describes her left knee pain as sharp, burning, itching, and tingling. The 09/24/14 report states that the patient has +3 spasm, tenderness to the bilateral lumbar paraspinal muscles from L1 to S1, multifidus, a positive bilateral Kemp's test, positive straight leg raise on the left, positive bilateral Yeoman's test, and a decreased left patellar reflex. In regards to the knee, there is +3 spasm and tenderness to the left anterior joint line, left prepatellar tendon, left vastus lateralis, and left popliteal fossa, positive McMurray's test on left and positive Grinding test on the left. For the ankles and feet, there is +3 spasm and tenderness to the left lateral malleolus, left anterior heel, left plantar fascia, and a positive Valgus test on the left. The 11/12/14 report did not provide any new positive exam findings. The patient's diagnoses include the following: 1.Lumbar spondylosis with myelopathy2.Sciatica3.Tear of lateral meniscus of the left knee4.Tear of medial meniscus of the left knee5.Bursitis of the left knee6.Tendinitis, bursitis, capsulitis of the left foot7.Plantar fasciitis of the left foot8.Left ankle sprain/strain The utilization review determination being challenged is dated 11/24/14. There are three treatment reports provided from 08/20/14, 09/24/14, and 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89 and 76-78.

Decision rationale: The patient presents with left knee pain, left ankle pain with numbness, and achy lumbar spine. The request is for Ultram 50mg #100 with 2 refills. The patient has been taking Ultram as early as 08/20/14. 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." MTUS page 78 also requires documentation of the 4 A's (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. None of the reports provided give any discussion of any change in the patient's pain and function. None of the 4 A's were addressed as required by MTUS. The treater fails to provide any pain scales. There are no examples of ADLs which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures were provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opiate use. The requested Ultram is not medically necessary.

Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% 180gm, 2 refills:
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 creams, topical analgesics Page(s): 111.

Decision rationale: The patient presents with left knee pain, left ankle pain with numbness, and achy lumbar spine. The request is for Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% 180gm, 2 refills. The patient has been using this topical cream as early as 08/20/14. MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. MTUS also states that many agents

are compounded for pain control including antidepressants and that there is little to no research to support their use. "There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen." Regarding the ankles and feet, there is +3 spasm and tenderness to the left lateral malleolus, left anterior heel, left plantar fascia, and a positive Valgus test on the left. MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. Neither Baclofen nor Lidocaine (in a non-patch form) is indicated for use as a topical formulation. Therefore, the requested topical cream is not medically necessary.

Lidocaine 6 %, Gabapentin 10%, Ketoprofen 10% 180 gm, 2 refills: 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 creams, topical analgesics Page(s): 111.

Decision rationale: The patient presents with left knee pain, left ankle pain with numbness, and achy lumbar spine. The request is for Lidocaine 6 %, Gabapentin 10%, Ketoprofen 10% 180 gm, 2 refills. The patient has been using this topical cream as early as 08/20/14. MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS page 111 states "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Per MTUS, gabapentin is not recommended in any topical formulation. MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. Regarding the ankles and feet, there is +3 spasm and tenderness to the left lateral malleolus, left anterior heel, left plantar fascia, and a positive Valgus test on the left. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. Neither Gabapentin, Ketoprofen, nor Lidocaine (non-patch form) are indicated for use as a topical formulation. Therefore, the requested topical cream is not medically necessary.