

Case Number:	CM14-0207781		
Date Assigned:	12/19/2014	Date of Injury:	04/18/2012
Decision Date:	02/17/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/11/2014

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 patient is an injured worker with a history of cervical spine, thoracic spine, lumbar spine, right inguinal hernia, and knee conditions. Date of injury was April 18, 2012. The medical history includes cervical spine disc protrusion, thoracic spine musculoligamentous strain sprain, lumbar spine musculoligamentous strain sprain with radiculitis disc protrusion, right inguinal hernia, bilateral knee strain sprain, left knee complex tear of the medial meniscus, and sleep disturbance secondary to pain. The patient reported that on November 12, 2011, he and a fellow coworker were bringing discarded debris in a cart down a narrow stairway in an apartment building. His coworker lost control of his end of the load that he was supporting and the entire force of the load fell to the patient. He supported this heavy load by himself. When the load was relieved from him, he felt pain in his lower back and right groin area. Right inguinal hernia was diagnosed. The primary treating physician's progress report dated 01/08/14 documented that the patient complained of pain in the neck, mid-upper back, lower back and bilateral knees. The pain in the neck, mid-upper back and lower back were rated as 7/10, which decreased from 8/10 on the last visit, 9/10 in the right knee, which increased from 8/10 on the last visit and 10/10. The left knee pain increased from 8/10 on the last visit. On examination, the cervical spine had grade 3 in tenderness to palpation over the paraspinal muscles, which remained the same since the last visit. Range of motion was restricted. Thoracic spine tenderness to palpation over the paraspinal muscles graded 3, which remained the same since the last visit. Range of motion was restricted. Lumbar spine tenderness to palpation over the paraspinal muscles graded 3, which remained the same since the last visit. Range of motion was restricted. Bilateral knees graded 2 in tenderness to palpation, which remained the same since the last visit. There were no changes on neurocirculatory examination. The patient will remain on temporary total disability for 4 weeks. There was no pertinent data in the medical records submitted with the request. Diagnoses

included cervical spine disc protrusion, thoracic spine musculoligamentous strain sprain, lumbar spine musculoligamentous strain sprain with radiculitis disc protrusion, right inguinal hernia, bilateral knee strain sprain, left knee complex tear of the medial meniscus, and sleep disturbance secondary to pain. Urine drug screen dated January 8, 2014 was negative. Magnetic resonance imaging (MRI) of the left knee dated 06/26/13 documented complex tear of the medial meniscus. MRI of the cervical spine reviewed on 01/08/14 documented disc protrusion. MRI of the lumbar spine reviewed on 01/08/14 documented disc protrusion. Treatment plan was documented. Tramadol, TGHOT, and Fluriflex was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT 180gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document a history of cervical spine, thoracic spine, lumbar spine, right inguinal hernia, and knee conditions. The topical TGHOT, which contains Gabapentin, Tramadol, Menthol, Camphor, and Capsaicin, was requested. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical TGHOT which contains Gabapentin is not supported by MTUS guidelines. Therefore, the request for TGHOT 180gm #1 is not medically necessary.

Tramadol 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram is indicated for the management of moderate to moderately severe pain. Actual

maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. The medical records document a history of cervical spine, thoracic spine, lumbar spine, right inguinal hernia, and knee conditions. The medical history includes cervical spine disc protrusion, thoracic spine musculoligamentous strain and sprain, lumbar spine musculoligamentous strain and sprain with radiculitis disc protrusion, right inguinal hernia, bilateral knee strain sprain, and left knee complex tear of the medial meniscus. Urine drug screen dated January 8, 2014 was negative. Magnetic resonance imaging (MRI) of the left knee dated 06/26/13 documented complex tear of the medial meniscus. MRI of the cervical spine reviewed on 01/08/14 documented disc protrusion. MRI of the lumbar spine reviewed on 01/08/14 documented disc protrusion. Medical records document objective evidence of pathology on physical examination and imaging studies. Per MTUS, Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Ultram (Tramadol). Therefore, the request for Tramadol 50mg #60 is medically necessary.

Fluriflex 180gm #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113, 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. The medical records document a history of cervical spine, thoracic spine, lumbar spine, right inguinal hernia, and knee conditions. The topical Fluriflex, which contains Flurbiprofen and Cyclobenzaprine, was requested. Per MTUS, it is generally

recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not present recent laboratory test results, which is recommended for NSAID use per MTUS. MTUS guidelines do not support the use of topical NSAIDs. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not support the use of a topical analgesic containing the muscle relaxant Cyclobenzaprine. The request for a topical Fluriflex is not supported by MTUS guidelines. Therefore, the request for Fluriflex 180gm #1 is not medically necessary.