

Case Number:	CM14-0207893		
Date Assigned:	12/19/2014	Date of Injury:	09/12/2008
Decision Date:	03/06/2015	UR Denial Date:	12/11/2014
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. 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: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 42-year-old female with a 9/12/08 date of injury. According to a progress report dated 11/12/14, the patient complained of constant neck pain, rated 9/10, which radiated into the right upper extremity. She also complained of constant low back pain, rated 7/10, which radiated into the right lower extremity. She also noted numbness and tingling in the right foot and heel. She also complained of constant right shoulder pain, rated 8/10, with associated numbness and tingling. She stated that Norco and Flexeril provided 50% relief with increased performance of her activities of daily living. She has completed 4 sessions of physical therapy to the cervical spine and lumbar spine, which was helping with strength and pain. Objective findings: decreased range of motion of right shoulder by 40%, impingement and Neer's signs were positive. Diagnostic impression: status post right shoulder arthroscopy x2 with increased pain and impingement, right upper extremity/cervical radiculopathy, chronic pain syndrome, chronic neck pain, chronic low back pain, severe anxiety and depression, right lower extremity/lumbar radiculitis, cervicogenic headaches, neuropathic pain in the right upper and lower extremities, myofascial pain syndrome. Treatment to date: medication management, activity modification, physical therapy, surgeries. A UR decision dated 12/11/14 denied the request for Norco. The records do not clearly establish consistent and significant improvement in the patient's pain level or any measurable functional improvement or a return to work specifically attributable to the use of opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Opioids Page(s): 47-48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2008 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, it is noted that prior UR decisions have recommended weaning the patient off of Norco. There is no documentation that the issue of weaning/tapering has been addressed. Therefore, the request for Norco 10/325mg #90 was not medically necessary.

Flurbiprofen/Baclofen/Cyclobenzaprine/Gabapentin/Lidocaine - Topical Cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. However, guidelines do not support the use of flurbiprofen, baclofen, cyclobenzaprine, gabapentin, or lidocaine in a topical cream formulation. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, there is no documentation that this patient is unable to tolerate oral medications. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Flurbiprofen/Baclofen/Cyclobenzaprine/Gabapentin/Lidocaine - Topical Cream 180gm was not medically necessary.

Capsaicin/Menthol/Camphor/Tramadol/Gabapentin/Cyclobenzaprine - Topical Cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. However, guidelines do not support the use of tramadol, gabapentin, or cyclobenzaprine in a topical cream formulation. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, there is no documentation that this patient is unable to tolerate oral medications. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Capsaicin/Menthol/Camphor/Tramadol/Gabapentin/Cyclobenzaprine - Topical Cream 180gm was not medically necessary.