MAXIMUS Federal Services

Case Number:	CM14-0210917		
Date Assigned:	12/23/2014	Date of Injury:	09/02/2009
Decision Date:	02/17/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/16/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 53 year old female who was injured on 10/2/2009. She was diagnosed with cervical disc herniation with right upper extremity radiculopathy, right shoulder impingement syndrome, bilateral upper extremity overuse tendinopathy, and lumbar disc protrusion with right leg radiculopathy. She was treated with medications, heat, and stretching. On 10/31/14, the worker was seen by her treating physician reporting neck, shoulder, bilateral wrists/hand, head, and low back pain. She reported taking ibuprofen but that it did not help her pain and also caused an upset stomach, for which she was taking omeprazole. She was then recommended to attend occupational therapy, attend acupuncture, start Duexis, use transdermal analgesic creams, and get a urine drug screening test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 2%/Cyclobenzaprine 2% as an anti-inflammatory cream 120grams to apply 1-2 grams to affected area twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. Topical application of muscle relaxants and gabapentin both do not have sufficient evidence to recommend them for general use for chronic pain. The MTUS also states that any combination topical analgesic which has an ingredient which is not recommended is not recommended. In the case of this worker, the requested topical combination products, flurbiprofen/baclofen/cyclobenzaprine and gabapentin/cyclobenzaprine/ketoprofen/capsaicin/menthol/camphor both include non-recommended ingredients (muscle relaxants, gabapentin, ketoprofen) and therefore will both be considered medically unnecessary.

Gabapent 10%/Cyclobenzaprine 4%/Ketoprofen 10%/Capsaicin 0.0375%/Menthol 5%/Camphor 2% as a neurophathic pain Cream 120grams to apply 1-2 grams to affected area 2 times a day: 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 rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. Topical application of muscle relaxants and gabapentin both do not have sufficient evidence to recommend them for general use for chronic pain. The MTUS also states that any combination topical analgesic which has an

ingredient which is not recommended is not recommended. In the case of this worker, the requested topical combination products, flurbiprofen/baclofen/cyclobenzaprine and gabapentin/cyclobenzaprine/ketoprofen/capsaicin/menthol/camphor both include non-recommended ingredients (muscle relaxants, gabapentin, ketoprofen) and therefore will both be considered medically unnecessary.

Duexis: 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 NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, she had complained of NSAIDs causing stomach upset and no benefit with her chronic pain. Switching to another NSAID product is not likely going to help this worker. Also, the intention to treat chronic pain with an NSAID chronically as in this case is generally not recommended and therefore not medically necessary. Also, the request did not include a strength and number of pills, which is required for approval.

Retrospective Urinalysis: 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 Drug testing AND Opioids Page(s): 43; 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was insufficient evidence found in the documents

provided for review to suggest the worker was exhibiting any abnormal behavior with their medications, let alone any reported use of opioids for that matter. Without any clear documented indication for routine urine drug screening in this worker, this urinalysis will be considered medically unnecessary.