

Case Number:	CM14-0038396		
Date Assigned:	06/27/2014	Date of Injury:	06/22/2012
Decision Date:	01/02/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

This 44 year old was injured on 06/22/2012 in a work-related accident. As a result of the accident, the injured worker (IW) incurred injury to the cervical spine, right shoulder, lumbar spine, and right knee. At the job site, the IW received x-rays, was treated with a back brace, prescribed medications and started on a course of physical therapy. The IW continued to have complaint of pain and discomfort. Over the course of the injury, the IW was treated with a course of physical therapy and chiropractic care including extracorporeal shock wave therapy with some improvement of pain. In physician notes during a comprehensive orthopedic evaluation on 02/13/2014 his assessment is documented with diagnosis of cervicalgia, cervical radiculopathy, lumbago, internal derangement of right shoulder, pain in right knee, and lumbar spine radiculopathy. There is no documentation of surgeries, injections or further diagnostic studies in the course of his care and there is no mention of psychological issues related to the injury. In the exam of 02/13/2014, the subjective complaints were neck pain radiating into the bilateral upper extremities associated with numbness and tingling, and low back pain radiating into the right lower extremity and associated with numbness and tingling. Both areas were rated as a 4-6 on a scale of 10. The IW also complained of right knee pain. According to the notes, the IW states the symptoms persist but the medications do give temporary pain relief and allow him to sleep. Current Medications include Synapryn (20mg/ml oral suspension) 5ml 3 times a day, Tabradol 1 mg/ml 2-3 times a day or as directed for muscle spasms, Dipriline 15 mg /ml oral suspension ten ml daily, Dicopanil (diphenhydramine) 5mg/ml suspension with directions of one ml orally at bedtime, and Fanatrex (gabapentine) 25 mg/ml oral suspension take 1tsp (5ml) three times daily or as directed by the physician for chronic neuropathic pain. On 02/13/2014 a request for authorization was submitted for compound meds x2 : 240 Gr Flurbiprofen 25%, Lidocaine 10%) and 240 gram Diclofenac 25%, Tramadol 15%. The reason

given for the medications was to manage/ reduce pain. A Utilization Review denial was issued on 03/07/2014 noncertifying the request for compound meds x2 of 240 Gr Flurbiprofen 25%, Lidocaine 10% and 240 gram Diclofenac 25%, Tramadol 15%. The request was determined to be not medically necessary as requested based on California Medical Treatment Utilization Schedule 2009 guidelines pages 109 topical and anti-inflammatory medications ,111 compounded medications, and 122 lidocaine. Based on the documentation and these guidelines, the medications were considered not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound meds (240 gram Flurbiprofen 25%, Lidocaine 10%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 109.

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

Decision rationale: Per MTUS with regard to Flurbiprofen (p112), "(Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety." Flurbiprofen may be indicated. Regarding topical lidocaine, MTUS states (p112) " Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995). " The documentation submitted for review did not contain discussion of efficacy or failure of first line therapy.Since 10% lidocaine is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, this request is not medically necessary. Since 10% lidocaine is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days,

and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.

Compound med (240 gram Diclofenac 25%, Tramadol 15%): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Per MTUS with regard to Diclofenac (p112), "(Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The documentation contains no evidence of osteoarthritis or tendinitis. Diclofenac is not indicated. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of tramadol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since several components are not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not medically necessary. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, this request is not medically necessary.