

Case Number:	CM15-0005584		
Date Assigned:	01/26/2015	Date of Injury:	04/18/2012
Decision Date:	03/25/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 48-year-old female who reported an injury on 04/18/2012. Diagnoses included reflex sympathetic dystrophy lower limb. The injured worker was undergoing urine drug screens. The mechanism of injury was not provided. The injured worker was noted to have a spinal cord stimulator pump. Prior treatments included physical therapy and orthotics. The documentation of 11/03/2014 revealed the injured worker had been stressful and the injured worker was utilizing the oral medications and intrathecal pump. The injured worker indicated her activity level had increased since the intrathecal implantation, and the injured worker was able to cut down on the oral medications. The injured worker indicated with the last refill that she was able to decrease the OxyContin 10 mg to 1 by mouth every 12 hours. The injured worker indicated in the near future hopefully she would be able to titrate the OxyContin. The injured worker reported no withdrawal symptoms from the OxyContin; however, utilized OxyContin on an as needed basis for breakthrough pain that occurred. The injured worker indicated she did not use more than 5 tablets in 24 hours. The injured worker indicated that she received 40% to 50% of pain relief most of the time and occasional pain relief would go over 50%. The injured worker indicated her functionality increased more than 50% with the intrathecal pump. The injured worker indicated she had more right foot and leg pain since the cold, damp weather set in. The injured worker had days the pain in her foot seemed the same as when she initially fractured it in 2012. The injured worker indicated the foot felt tight, swollen, and burning. The injured worker increases her activities as tolerated and reports increased functionality and decrease in pain since the intrathecal pump. Physical examination of the right

leg was deferred secondary to reflex sympathetic dystrophy. The sensory examination was normal in all dermatomes of the left lower extremity to both pinwheel and light touch. The injured worker had allodynia in the right ankle and right foot region with minimal discoloration of the foot and ankle. The injured worker was wearing tennis shoes. The injured worker had a distinct limp; however, did not use an assistive device. The treatment plan included Lyrica 75 mg 1 capsule by mouth 3 times a day for neuropathic pain, OxyContin 10 mg 1 tablet by mouth every 12 hours, and oxycodone 10 mg 1 tablet every 4 to 6 hours for breakthrough pain with a maximum of 5 tablets every 24 hours. The injured worker indicated that with the medication, she was able to stand for over 1 hour compared to just a few minutes before the intrathecal pump implantation and was able to decrease OxyContin 10 mg 1 tablet every 8 hours to 1 tablet every 12 hours and the oxycodone 5 times per day. The injured worker indicated her pain level with medication was 6/10 to 7/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Oxycontin 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Ongoing Management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was documentation the injured worker had objective functional improvement and an objective decrease in pain. This medication would be supported; however, there was a lack of documentation per the submitted request for the frequency for the requested medication. Therefore, the request for 60 OxyContin 10mg is not medically necessary.

150 Oxycodone 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Ongoing Management Opioid Dosing Page(s): 60; 78; 86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured

worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. The injured worker had objective functional benefit with the use of the medication. There was documentation of an objective pain relief. The use of this medication would be supported; however, the request as submitted failed to indicate the frequency for the requested medication. Therefore, the request for 150 oxycodone 10mg is not medically necessary.

Compound medicine cream: Gabapentin 15%/amitriptyline 4%/dextromethorphan 10% 180gm; capsaicin 0.025%/flurbiprofen 15%/gabapentin 10%/menthol 2%/camphor 2% 180gm: 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, Antidepressants, Topical Antiepileptic Medications, Flurbiprofen, Topical Ca. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31-40. <http://www.drugs.com/dextromethorphan.html>

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Peer reviewed literature states that while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. Topical Gabapentin is not recommended as there is no peer reviewed literature to support its use. Per Drugs.com, Dextromethorphan is a cough suppressant. It affects the signals in the brain that trigger cough reflex. There was a lack of documentation indicating the injured worker had a trial and failure of anticonvulsants and antidepressants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating a necessity for Dextromethorphan in the compound. There was a lack of documentation indicating the body part and the frequency for the requested compounded medicine. The compound gabapentin, amitriptyline, and dextromethorphan would not be supported. The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical Gabapentin is not recommended as there is no peer reviewed literature to support its use. Salicylate Topicals are recommended. The clinical documentation submitted for review failed to indicate the injured worker had a trail of an oral antidepressant and an anticonvulsant. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. Additionally, there was a lack of documentation indicating a necessity for 2 forms of gabapentin. The request as submitted failed to indicate the frequency or the body part to be treated with the compounded medicine. The request for capsaicin, flurbiprofen, gabapentin, menthol, and camphor would not be supported. Additionally, multiple components are not recommended. Given the above, the request for compound medicine cream: gabapentin 15%/amitriptyline 4%/dextromethorphan 10% 180gm; capsaicin 0.025%/flurbiprofen 15%/gabapentin 10%/menthol 2%/camphor 2% 180gm is not medically necessary.