

Case Number:	CM15-0009989		
Date Assigned:	01/27/2015	Date of Injury:	02/20/2009
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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 71-year-old female who reported an injury on 02/26/2009 after she was in a freight elevator that fell. The injured worker sustained injury to multiple body parts and underwent a significant amount of treatment. The injured worker's treatment history included surgical intervention to multiple body parts, physical therapy to multiple body parts, psychological support, aquatic therapy, and multiple medications. The injured worker's diagnoses included bilateral elbow sprain/strain and tendinitis with flare up, disc bulging of the lumbar spine, supraspinatus tendinosis of the shoulder, meniscal tear of the knee, bone edema, chronic headaches, TMJ, and anxiety and depression. The injured worker was evaluated on 12/10/2014. It was documented at that examination that the injured worker had tenderness to palpation of the bilateral shoulders and restricted range of motion of the bilateral shoulders. Examination of the lumbar spine at that appointment documented tenderness to palpation and spasming with restricted range of motion of the lumbar spine. Evaluation of the knees documented tenderness to palpation and restricted range of motion of the bilateral knees. It was documented that the injured worker was receiving 65% pain relief with her medications. It was also documented that the injured worker reported constipation as a side effects to opioid usage. It was documented that the injured worker was also using topical creams as a current treatment, which was not providing adequate pain control. The clinical documentation submitted for review does indicate that the injured worker has been on these medications since at least 03/2013 and is monitored through urine drug screens. A request was made for a refill of medications to

include Norco, Senokot, and topical medications. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP) 10/325mg, 1 tablet by mouth every 6 hours as need for pain, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco (hydrocodone/APAP) 10/325 mg, 1 tablet by mouth every 6 hours as needed for pain, #120 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker does receive 65% pain relief. It was noted that the injured worker's side effects are managed. The injured worker is monitored for aberrant behavior through urine drug screens. The California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and monitoring for aberrant behavior. The clinical documentation does support that the injured worker has pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. However, the clinical documentation submitted for did not provide any indication that the injured worker has a significant increase in function due to the use of this medication. Therefore, ongoing use of this medication would not be supported. As such, the requested Norco (hydrocodone/APAP) 10/325 mg, 1 tablet by mouth every 6 hours as needed for pain, #120 is not medically necessary or appropriate.

Senokot S (Senna) 8.6/50mg, two by mouth twice a day as needed for constipation, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The requested Senokot S (Senna) 8.6/60 mg, 2 by mouth twice a day as needed for constipation, #120 is not medically necessary or appropriate. The California Medical Utilization Schedule allow for prophylactic treatment of constipation in conjunction with opioid therapy. However, as the injured worker does not meet the guideline recommendations for continued opioid treatment, there is not medically necessary to continue to treat side effects associated with opioid usage. As such, the requested Senokot S (Senna) 8.6/60 mg, 2 by mouth twice a day as needed for constipation, #120 is not medically necessary or appropriate.

Flurbiprofen 15% + Baclofen 2% + Cyclobenzaprine 2% + Gabapentin 6% + Lidocaine 2.5% cream 180gm, to be applied to the affected area, three to four times per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The requested flurbiprofen 15%/baclofen 2%/cyclobenzaprine 2%/gabapentin 6%/lidocaine 2.5% cream 180 gm to be applied to the affected area 3 to 4 times per day is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of baclofen, cyclobenzaprine, or gabapentin as topical analgesics as there is little scientific data to support the efficacy and safety of these medications in a compounded topical medication. Additionally, the California Medical Treatment Utilization Schedule does not recommend the long term use of nonsteroidal anti-inflammatory drugs in a topical formulation. The clinical documentation does indicate that the injured worker has been on this medication for an extended period of time. The California Medical Treatment Utilization Schedule does not recommended the use of lidocaine in a cream or gel formulation as it is not FDA approved in gel or cream formulation. The California Medical Treatment Utilization Schedule does not recommend the use of any topical medication that contains at least 1 drug or drug compound that is not recommended. Furthermore, the clinical documentation indicated that the injured worker's topical analgesics are not providing adequate pain relief. Therefore, continued use would not be supported. As such, the requested flurbiprofen 15%/baclofen 2%/cyclobenzaprine 2%/gabapentin 6%/lidocaine 2.5% cream 180 gm to be applied to the affected area 3 to 4 times per day is not medically necessary or appropriate.

Capsaicin 0.0375% + Menthol 5% + Camphor 2% + Tramadol 8% + Gabapentin 10% + Cyclobenzaprine 4%, to be applied to the affected area three to four times per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Rudin, N. J. (2013). Topical analgesics for chronic pain. Current Physical Medicine and Rehabilitation Reports, 1(4), 315-321.

Decision rationale: The requested capsaicin 0.0375% plus menthol 5% plus camphor 2% plus tramadol 8% plus gabapentin 10% plus cyclobenzaprine 4% to be applied to the affected area 3 to 4 times per day is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of capsaicin in a 0.0375% formulation as there is little scientific evidence of efficacy over lower percentages of this medication in a topical formulation. The California Medical Treatment Utilization Schedule does not recommend the use of gabapentin or cyclobenzaprine in a topical formulation as there is little scientific evidence

to support the efficacy and safety of these medications in a topical formulation. Peer reviewed literature does not support the use of opioids in a topical formulation as there is little scientific evidence to support the efficacy and safety of these medications in a topical formulation. The California Medical Treatment Utilization Schedule does not support the use of any topical formulation that contains 1 drug or drug class that is not recommended. Additionally, the clinical documentation submitted for review did indicate that the injured worker's topical analgesics are not providing adequate pain coverage. As such, the requested capsaicin 0.0375% plus menthol 5% plus camphor 2% plus tramadol 8% plus gabapentin 10% plus cyclobenzaprine 4% to be applied to the affected area 3 to 4 times per day is not medically necessary or appropriate.