MAXIMUS Federal Services

Case Number:	CM15-0015785		
Date Assigned:	02/03/2015	Date of Injury:	11/21/2008
Decision Date:	04/01/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/27/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 54-year-old male with an industrial injury dated 11/21/2008, which resulted from lifting a tire. His diagnoses include cervicalgia, lumbar spine stenosis, lumbar spine radiculopathy, and lumbar spine strain/sprain symptoms. Recent diagnostic testing has included a MRI of the cervical spine (06/27/2014) which showed disc desiccation, diffuse spondylosis and endplate sclerotic changes at multiple levels, and a MRI of the lumbar spine (07/24/2014) which showed multilevel fusions and laminectomies with disc spacers and bilateral exiting nerve root compromise. He has been treated with physical therapy, medications, back surgery (2008), acupuncture, chiropractic therapy, and conservative care. In a progress note dated 06/12/2014, the treating physician reports continued neck pain with increased pain with movement with a pain severity rating of 8/10, and continuous low back pain that increases with prolonged activity and with numbness, tingling, weakness and burning radiating into the lower extremities. The objective examination revealed restrictive range of motion in the cervical spine, restrictive range of motion in the lumbar spine due to pain. The treating physician is requesting topical medications, which was denied by the utilization review. On 12/26/2014, Utilization Review non-certified a prescription for retrospective gabapentin/amitriptyline/tramadol for the cervical and lumbar spines with a date of service of 07/25/2014, noting the lack of recommendation in the guidelines for the injured worker's symptoms, and the duplication of some of the oral medications that this injured worker is already taking. The MTUS Guidelines were cited. On 12/26/2014, Utilization Review non-certified a prescription for retrospective tramadol/flurbiprofen/cyclobenzaprine for the cervical and lumbar spines with a date of service

of 07/25/2014, noting the lack of recommendation in the guidelines for the injured worker's symptoms, and the duplication of some of the oral medications that this injured worker is already taking. The MTUS Guidelines were cited. On 01/27/2015, the injured worker submitted an application for IMR for review of retrospective gabapentin/amitriptyline/tramadol for the cervical and lumbar spines with a date of service of 07/25/2014, and retrospective tramadol/flurbiprofen/cyclobenzaprine for the cervical and lumbar spines with a date of service of 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Gabapentin/Amitriptyline/Tramadol DOS 7/25/14 for the Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-113.

Decision rationale: Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use."Per the article "Topical Analgesics in the Management of Acute and Chronic Pain" published in Mayo Clinic Proceedings (Vol 88, Issue 2, p 195-205), "Studies in healthy volunteers demonstrated that topical amitriptyline at concentrations of 50 and 100 mmol/L produced a significant analgesic effect (P<.05) when compared with placebo and was associated with transient increases in tactile and mechanical nociceptive thresholds." Amitryptyline may be 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 tramadol is not medically indicated, then the overall product is not medically necessary 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.

Retrospective: Tramadol/Flurbiprofen/Cyclobenzaprine DOS 7/25/14 for the Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-113.

Decision rationale: Per MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) 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 submitted for review does not indicate that the injured worker suffers from joint pain of any kind. Flurbiprofen is not indicated. Per MTUS p113 with regard to topical cyclobenzaprine, "There is no evidence for use of any muscle relaxant as a topical product." The MTUS is silent on the use of tramadol topically. However, 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. As none of the components are recommended, the compound 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, it would be optimal to trial each medication individually.