

Case Number:	CM15-0133947		
Date Assigned:	08/19/2015	Date of Injury:	07/28/1988
Decision Date:	09/23/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/10/2015

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
 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 60 year old male, who sustained an industrial injury on 7-28-88. The injured worker was diagnosed as having severe degenerative disc diseases of the lumbar spine, status post multiple surgeries, cervical sprain strain syndrome, severe degeneration of the C3-4 discs, cervical radiculopathy secondary to congenital bony fusion, thoracic spine sprain or strain, bilateral hip arthritis, right shoulder partial thickness tear, right shoulder infraspinatus tendinosis, low grade tearing of the deep fibers of the lateral gluteus maximus, chronic pain, depression, anxiety, and insomnia. Treatment to date has included C3-7 anterior cervical discectomy and fusion, the use of a walker, and medication. On 5-11-15 and 6-8-15 pain was rated as 10 of 10. The injured worker had been taking Soma, Trazodone, Gabapentin, Tramadol, Flurbiprofen 20%, Lidocaine 2.5%, Amitriptyline 5% cream, and Cyclobenzaprine gel since at least 5-11-15. Currently, the injured worker complains of neck and upper extremity pain with radiation to the right shoulder. Buttocks, hip, and bilateral lower extremity pain were also noted. The treating physician requested authorization for Soma 350mg #90, Trazodone 50mg #30, Gabapentin 400mg #90, and Tramadol 20% #150. Other requests included Flurbiprofen 20%, Lidocaine 2.5%, Amitriptyline 5% cream #150 and Cyclobenzaprine 10%, Gabapentin 10% gel #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Based on the 5/11/15 progress report provided by the treating physician, this patient presents with constant neck and upper extremity pain radiating to the right shoulder, along with continued pain in his buttocks and bilateral lower extremities. The treater has asked for Soma 350mg quantity 90 on 5/11/15. The request for authorization was not included in provided reports. The patient also has pain and discomfort in his hip, as well as extremity pain from multiple surgeries per 5/11/15 report. The patient's pain level is 10/10 on the VAS scale per 6/8/15 report. The patient is s/p multiple surgeries including an unspecified cervical surgery C2-7, lumbar MRI, left hip MRI, and CT of cervical spine per 5/11/15 report. The patient has had worsening dysphagia which requires a Heimlich maneuver to be performed on him several times a week per 4/6/15 report. MTUS, Muscle Relaxants section, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, the patient has been using Soma since 2010. The treater, however, does not document efficacy in terms of reduction in pain and improvement in function. Additionally, MTUS does not support long-term use of Soma beyond a 2 to 3 week period. Hence, the request for #90 is not medically necessary.

Trazodone 50mg quantity 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter under Trazodone.

Decision rationale: Based on the 5/11/15 progress report provided by the treating physician, this patient presents with constant neck and upper extremity pain radiating to the right shoulder, along with continued pain in his buttocks and bilateral lower extremities. The treater has asked for Trazodone 50mg quantity 30 on 5/11/15. The request for authorization was not included in provided reports. The patient also has pain and discomfort in his hip, as well as extremity pain from multiple surgeries per 5/11/15 report. The patient's pain level is 10/10 on the VAS scale per 6/8/15 report. The patient is s/p multiple surgeries including an unspecified cervical surgery C2-7, lumbar MRI, left hip MRI, and CT of cervical spine per 5/11/15 report. The patient has had worsening dysphagia which requires a Heimlich maneuver to be performed on him several times a week per 4/6/15 report. ODG mental illness and stress chapter under Trazodone: Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also insomnia treatment, where it says that there is limited evidence to support its use for insomnia, but it may be an option in patients

with coexisting depression. The treater does not discuss this request in the reports provided. The patient has been utilizing this medication since at least 2011 per utilization review letter dated 6/9/15. This patient presents with sleep disturbances with significant depression and may benefit from the use of Trazodone; however, the treater has not provided documentation of medication efficacy. MTUS Chronic Pain Guidelines under Medications for Chronic Pain, page 60, states "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request is not medically necessary.

Gabapentin 400mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

Decision rationale: Based on the 5/11/15 progress report provided by the treating physician, this patient presents with constant neck and upper extremity pain radiating to the right shoulder, along with continued pain in his buttocks and bilateral lower extremities. The treater has asked for Gabapentin 400mg quantity 90 on 5/11/15. The request for authorization was not included in provided reports. The patient also has pain and discomfort in his hip, as well as extremity pain from multiple surgeries per 5/11/15 report. The patient's pain level is 10/10 on the VAS scale per 6/8/15 report. The patient is s/p multiple surgeries including an unspecified cervical surgery C2-7, lumbar MRI, left hip MRI, and CT of cervical spine per 5/11/15 report. The patient has had worsening dysphagia which requires a Heimlich maneuver to be performed on him several times a week per 4/6/15 report. MTUS Anti-epilepsy Drugs section, pg. 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." The treater does not discuss this request in the reports provided. The patient has been taking Gabapentin "for several years" per utilization review letter dated 6/9/15. Given the lack of documentation regarding medication efficacy, the requested refill of Gabapentin is not medically necessary.

Flurbiprofen 20%, Lidocaine 2.5%, Amitriptyline 5% cream quantity 150: Upheld

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

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

Decision rationale: Based on the 5/11/15 progress report provided by the treating physician, this patient presents with constant neck and upper extremity pain radiating to the right shoulder, along with continued pain in his buttocks and bilateral lower extremities. The treater has asked for Flurbiprofen 20%, Lidocaine 2.5%, Amitriptyline 5% cream quantity 150 on 5/11/15. The

request for authorization was not included in provided reports. The patient also has pain and discomfort in his hip, as well as extremity pain from multiple surgeries per 5/11/15 report. The patient's pain level is 10/10 on the VAS scale per 6/8/15 report. The patient is s/p multiple surgeries including an unspecified cervical surgery C2-7, lumbar MRI, left hip MRI, and CT of cervical spine per 5/11/15 report. The patient has had worsening dysphagia which requires a Heimlich maneuver to be performed on him several times a week per 4/6/15 report. MTUS Topical Analgesics section, page 111 "Gabapentin: Not recommended. There is no peer-reviewed literature to support use". For Lidocaine, the MTUS guidelines do not support any other formulation than topical patches. In this case, a trial of Ketoprofen/Gabapentin/Lidocaine topical compound is requested in progress report dated 6/8/15. The treater does not explain why this topical formulation was chosen and how and where it will be used. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The cream contains Gabapentin and Lidocaine which are not recommended by MTUS; therefore the entire compounded cream is not medically necessary.

Cyclobenzaprine 10%, Gabapentin 10% gel quantity 150: Upheld

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

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

Decision rationale: Based on the 5/11/15 progress report provided by the treating physician, this patient presents with constant neck and upper extremity pain radiating to the right shoulder, along with continued pain in his buttocks and bilateral lower extremities. The treater has asked for Cyclobenzaprine 10%, Gabapentin 10% gel quantity 150 on 5/11/15. The request for authorization was not included in provided reports. The patient also has pain and discomfort in his hip, as well as extremity pain from multiple surgeries per 5/11/15 report. The patient's pain level is 10/10 on the VAS scale per 6/8/15 report. The patient is s/p multiple surgeries including an unspecified cervical surgery C2-7, lumbar MRI, left hip MRI, and CT of cervical spine per 5/11/15 report. The patient has had worsening dysphagia which requires a Heimlich maneuver to be performed on him several times a week per 4/6/15 report. MTUS Topical analgesics section, p 111: "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." The treater does not discuss this request in the reports provided. The treater does not explain why this cream was chosen, and how and where it will be applied in requesting 5/11/15 report. This is an initial trial prescription of this product. MTUS does not support the use of Gabapentin, and Cyclobenzaprine in topical form. Furthermore, the Guidelines state clearly that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Hence, this request IS NOT medically necessary.

Tramadol 20% quantity 150: Upheld

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

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

Decision rationale: Based on the 5/11/15 progress report provided by the treating physician, this patient presents with constant neck and upper extremity pain radiating to the right shoulder, along with continued pain in his buttocks and bilateral lower extremities. The treater has asked for Tramadol 20% quantity 150 on 5/11/15. The request for authorization was not included in provided reports. The patient also has pain and discomfort in his hip, as well as extremity pain from multiple surgeries per 5/11/15 report. The patient's pain level is 10/10 on the VAS scale per 6/8/15 report. The patient is s/p multiple surgeries including an unspecified cervical surgery C2-7, lumbar MRI, left hip MRI, and CT of cervical spine per 5/11/15 report. The patient has had worsening dysphagia which requires a Heimlich maneuver to be performed on him several times a week per 4/6/15 report. MTUS Guidelines, under Topical Analgesics, page 111 states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents". In this case, the treater has requested Tramadol cream. MTUS does not support Tramadol for topical formulation. There is lack of evidence that topical tramadol can help chronic pain. Given the lack of support from MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.