

Case Number:	CM15-0138956		
Date Assigned:	08/20/2015	Date of Injury:	08/17/2007
Decision Date:	09/25/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/17/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 67 year old, male who sustained a work related injury on 8-17-07. The diagnoses have included traumatic arthritis of the left wrist, chronic regional pain syndrome left arm, left carpal metaphalangeal pain chronic pain syndrome. Treatments have included oral medications, use of medical marijuana, physical therapy and acupuncture. In the office note dated 6-23-15, the injured worker reports joint pain. He reports left wrist and hand pain. He rates his pain level an average over past week of 7 out of 10. At worst, pain level over past week was 9 out of 10. He states no improvement or worsening in physical or overall function. He doesn't feel the MS Contin is helpful in pain relief. On physical exam, there is mild swelling in left hand compared to right. There is pain to light touch over the dorsum of the left hand and base of the 1st carpal metaphalangeal joint. He is not working. The treatment plan includes discontinuing MS Contin and starting Embeda and a prescription for pain cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Embeda 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Embeda (morphine/naltrexone) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Embeda (morphine /naltrexone).

Decision rationale: Embeda (morphine /naltrexone) is recommended as an option for patients who are at risk for abuse of opioids by altering recommended oral use. This medication is designed to alter oral use and thus prevent patients from abusing opioids. As it is resistant to being crushed or dissolved, Embeda does not allow for nasal use (insufflations), chewing and /or intravenous use. Other tamper resistant agents on the market include Suboxone (buprenorphine/naloxone), Opana (oxymorphone), Exalgo (hydromorphone), and OxyContin (oxycodone controlled release). The FDA has approved morphine sulfate and naltrexone hydrochloride extended-release capsules (Embeda) for once or twice-daily use in the management of moderate to severe pain when continuous, around-the-clock opioid analgesic therapy is warranted for an extended period. The capsules contain morphine pellets with a sequestered inner core of the opioid antagonist naltrexone that is released when the product is crushed or chewed, thereby discouraging tampering and drug abuse. Embeda is not intended for PRN use. Embeda can be abused in a manner similar to other opioid agonists. It is only recommended for opioid tolerant patients. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested Embeda is not medically necessary.

Prospective Request for Diclofenac 3%; Baclofen 2%; Bupivacaine 1%; Gabapentin 6%; Ibuprofen 3%, and Pentoxifylline 3% 60GM: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. The requested topical analgesic compound for this patient contains: Diclofenac 3%; Baclofen 2%; Bupivacaine 1%; Gabapentin 6%; Ibuprofen 3%, and Pentoxifylline 3%. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. Gabapentin is not recommended as a topical agent per CA MTUS guidelines, and there is no peer-reviewed literature to support its use. Medical necessity for the requested topical compounded medication has not been established. The requested topical analgesic compound is not medically necessary.