

Case Number:	CM15-0140791		
Date Assigned:	07/31/2015	Date of Injury:	07/24/2014
Decision Date:	09/28/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/21/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 29 year old male, who sustained an industrial injury on 7-24-2014. The current diagnoses are cervical sprain-strain, lumbar sprain-strain, right shoulder pain, and right shoulder sprain-strain. According to the progress report dated 4-30-2015, the injured worker complains of neck, low back, and right shoulder pain. He rates his neck and low back pain 7 out of 10 on a subjective pain scale, right shoulder 8 out of 10. The physical examination of the cervical spine reveals tenderness to palpation over the paraspinal muscles, negative Spurling's test, and painful and decreased range of motion. Examination of the lumbar spine reveals tenderness to palpation over the L3-L5 spinous processes and paravertebral muscles with painful and restricted range of motion. Right shoulder exam shows tenderness to palpation over the acromioclavicular joint with decreased and painful range of motion. Medications prescribed are Pantoprazole, Diclofenac, and Tramadol. It is unclear when the requested medications were originally prescribed. Treatment to date has included medication management, x-rays, MRI studies, acupuncture, and chiropractic. According to the PR-2 on 3-16-2015, the injured worker remained off work. A request for topical compound cream and Norco has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base 240gm: 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).

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

Decision rationale: Regarding the request for Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base 240gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical antidepressants. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base 240gm is not medically necessary.

Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in cream base 240gm: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 111-113.

Decision rationale: Regarding the request for Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in cream base 240gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, 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. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above-mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in cream base 240gm is not medically necessary.

Norco 10/325mg #30: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.