

Case Number:	CM15-0141136		
Date Assigned:	07/30/2015	Date of Injury:	05/18/2011
Decision Date:	08/28/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/20/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 43 year old female with an industrial injury dated 05-11-2011. Her diagnoses included rotator cuff syndrome - shoulder, lumbar disc herniation and internal derangement of the knee. Prior treatment included pain medication and acupuncture. She presents on 06-12-2015 with complaint of pain in wrist, hand, neck, lumbar area, knee, ankle and numerous other areas of the body. She rated the discomfort as 8 out of 10 and is noticeable approximately 80% of the time. She also noted anxiety, stress and insomnia. She felt better with pain medication and acupuncture treatment. Physical exam revealed palpable tenderness at lumbar, left and right sacroiliac, left and right buttock, left and right posterior leg, right anterior shoulder and right anterior knee. Right shoulder range of motion was decreased. Lumbar range of motion was decreased. Flexion of the left knee was decreased. Treatment plan included updated MRI studies, acupuncture, pain cream, and oral pain medication, urine drug testing and modified duty. The request for urine drug testing was authorized. The treatments for review are CAPS-STGC: Capsaicin 0.0375%, Tramadol 8%, Cyclobenzaprine 4%, Menthol 5%, Gabapentin 10% in 180 grams and Norco 10/325 mg by mouth twice daily quantity 80.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPS-STGC: Capsaicin 0.0375%, Tramadol 8%, Cyclobenzaprine 4%, Menthol 5%, Gabapentin 10% in 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, CAPS-STGC (Capsaicin 0.0375%, tramadol 8%, cyclobenzaprine 4%, menthol 5%, gabapentin 10%) in 180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are rotator cuff syndrome shoulder; lumbar disc herniation; and internal derangement knee. The date of injury is May 11, 2011. The request for authorization is June 15, 2015. According to a progress note dated March 31, 2015, Norco 10/325 mg was refilled. The worker had a pain scale 8/10 at that time. The start date is not specified in the medical record. According to a June 12, 2015 progress note, the injured worker had multiple complaints involving the upper and lower extremities and back. The topical analgesic first appears in the progress note dated June 12, 2015. Topical capsaicin 0.0375% is not recommended. Topical cyclobenzaprine is not recommended. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (Capsaicin 0.0375%, cyclobenzaprine and gabapentin) that is not recommended is not recommended. Consequently, CAPS-STGC (Capsaicin 0.0375%, tramadol 8%, cyclobenzaprine 4%, menthol 5%, gabapentin 10% in 180g is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, CAPS-STGC (Capsaicin 0.0375%, tramadol 8%, cyclobenzaprine 4%, menthol 5%, gabapentin 10%) in 180 g is not medically necessary.

Norco 10/325mg PO BID #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg po bid #80 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany

ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are rotator cuff syndrome shoulder; lumbar disc herniation; and internal derangement knee. The date of injury is May 11, 2011. The request for authorization is June 15, 2015. According to a progress note dated March 31, 2015, Norco 10/325mg was refilled. The worker had a pain scale 8/10 at that time. The start date is not specified in the medical record. According to a June 12, 2015 progress note, the injured worker had multiple complaints involving the upper and lower extremities and back. There is no documentation in the medical record demonstrating objective functional improvement with the continued use of Norco to support the ongoing use of Norco10/325 mg. There were no risk assessments in the medical record. There are no detail and assessments in the medical record. Consequently, absent clinical documentation demonstrating objective functional improvement, risk assessments and detail pain assessments, Norco 10/325mg po bid #80 is not medically necessary.