MAXIMUS Federal Services

Case Number:	CM15-0144239		
Date Assigned:	08/05/2015	Date of Injury:	08/31/1998
Decision Date:	09/21/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/24/2015

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: Florida, New York, Pennsylvania
Certification(s)/Specialty: Family Practice

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 was a 52 year old male, who sustained an industrial injury, August 31, 1998. The injured worker previously received the following treatments Risperdal, Wellbutrin, Cymbalta, Ibuprofen, Baclofen, Lidoderm Patches, Cyclobenzaprine, Topiramate, Nortriptyline, Trazodone, Lyrica, Ibuprofen, random toxicology laboratory studies with consistent findings. The injured worker was diagnosed with failed cervical C5-C6, C6-C7 with decompression discectomy, fusion, partial corpectomy C6 and corpectomy C7 with residual, Posterior cervical fusion with foraminotomy with left iliac crest bone graft at C5-C6, C6-C7 with residual, cervical discogenic pain, constant bilateral cervical radicular pain at C6-C7 left more than the right, status post implantation of cervical dorsal column stimulator, cervicogenic neck pain, lumbar strain and sprain, anxiety, depression and insomnia. According to progress note of June 29, 2015, the injured worker's chief complaint was constant low back pain constantly radiating into both lower extremities associated with tingling, numbness, weakness, cramps, burning in the left more that he right. Constant neck pain with on and off occipital area headaches with pain radiating into both upper extremities, left greater than the right. topical cream of Ultraflex-G, Gabapentin 10%, Cyclobenzaprine of 6% and Tramadol 10% the injured worker reported the cream was beneficial due to the injured worker was unable to take narcotics. The treatment plan included prescription for Baclofen, topical cream of Ultraflex-G, Gabapentin 10%, Cyclobenzaprine of 6% and Tramadol 10% and TENS (transcutaneous electrical nerve stimulator) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 63-64.

Decision rationale: The general class of agents used as muscle relaxants are generally recommended for short term use only and with caution due to side effects as second line agents for patients with exacerbations of back pain. There is no evidence that they will show a benefit beyond that of NSAID's or that there is any additional benefit in combination with NSAIDs. Efficacy appears to diminish with time and maximal benefit appears to decline after approximately 4 days. Sedation is the most common class effect and needs to be considered in those having to drive or operate heavy equipment. Drugs with the most limited published evidence in terms of clinical effectiveness include Baclofen. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and possibly Trigeminal Neuralgia. In this case, no description of side effects (or their absence) is reported. No description of muscle spasms is available from the notes with regard to location, duration, impact on function and ADLs or the benefit of Baclofen. Based on the short-term indications for use of this class of agent and failure to show evidence for improved function use of Baclofen cannot be supported. The UR Non-Cert for Baclofen is supported. The request is not medically necessary.

Fluriod-AFlurbiprofen 26%/Lidocaine 5%/Amitriptyline 5% topical cream qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 111-113.

Decision rationale: The use of topical analgesics is considered largely experimental with few randomized controlled trials to determine efficacy or safety. Studies of the use of topical NSAIDs such as Flurbiprofen have generally been small and of short duration. For chronic back pain NSAIDs can be used for short-term symptomatic relief. Per a Cochrane review, they have not proven more effective than other approaches for pain and exhibit more adverse effects. They are not recognized as useful for neuropathic pain. Topical agents can have both local effects such as dermatitis and pruritis but more importantly have been shown to have systemic absorption and can have blood levels comparable to oral forms and therefore comparable systemic side effects such as the negative impact on renal function and increases in cardiovascular risks. This patient's pain has been of long duration focused on the neck and back for which this type of preparation has shown no long term efficacy. Lidocaine formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Not recommended for non- neuropathic pain. There is only one trial that tested 4% lidocaine

for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Lidocaine topical is only FDA approved for use with pruritic/painful dermatoses. The UR Non-Cert for Flurido-A is supported. The request is not medically necessary.

Ultraflex-G Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%/topical cream, qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 111-113.

Decision rationale: There is no evidence for use of muscle relaxants such as Cyclobenaprine as a topical product. Gabapentin is also not recommended as a topical agent and there is no peer- reviewed literature to support its use. There is little to no research to support the use of many such agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the UR Non-Cert for Ultraflex G is supported. The request is not medically necessary.

TENS unit indefinite use qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 114.

Decision rationale: A home-based treatment trial of one month may be appropriate for neuropathic pain. There has been a recent meta-analysis published that came to a conclusion that there was a significant decrease in pain when electrical nerve stimulation was applied to any anatomic location of chronic musculoskeletal pain (back, knee, hip, neck) for any length of treatment. Unfortunately, there was no evidence for an objective assessments of outcome, functional improvement or reduction in pain. Therefore, indefinite home use cannot be supported and the UR Non-Cert is supported. The request is not medically necessary.