

Case Number:	CM15-0148799		
Date Assigned:	08/12/2015	Date of Injury:	06/05/2007
Decision Date:	09/14/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/31/2015

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 69-year-old male, with a reported date of injury of 06-05-2007. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include multilevel cervical spondylosis, status post laminectomy and interbody fusion at L4-5, early disc level disease at L3-4 and L5-S1, right-sided sacroiliitis, right-sided hip mild degenerative changes and mild tendinopathy of the gluteus medius tendon attachment to the greater trochanter, and status post right-sided sacroiliac fusion. Treatments and evaluation to date have included right-sided sacroiliac joint fusion, oral medications, lumbar spine surgery in 02-2014, psychotherapy, and chiropractic treatment. The diagnostic studies to date have included a CT scan of the sacroiliac joints on 03-23-2015, which showed evidence of prior surgical intervention involving the right sacroiliac joint and normal findings. According to the medical report dated 03-30-2015 report, the injured worker underwent a CT scan of the pelvis which showed fusion, bone graft within the area adjacent to the sacroiliac joint. The medical report dated 03-02-2015 indicates that the injured worker underwent x-rays of the pelvis and lumbar spine, which showed hardware in good positions, and slight lucency around the bone graft site. The progress report dated 06-11-2015 indicates that the injured worker had neck pain, right shoulder and arm pain, and low back pain with radiation down the right lower extremity. The objective findings included clean, dry, and intact wounds. It was noted that the provocative sacroiliac stress testing was not performed due to the recent nature of his fusion. It was also noted that the injured worker's pain had escalated.

He had episodes of weakness, numbness, tingling, and give away of his upper extremity and right lower extremity. The treatment plan included Flurbiprofen and Lidocaine for the maintenance and relief of mild to moderate pain; Gabapentin, Amitriptyline, and Capsaicin for the relief of muscle spasm and neuropathic pain; Cyclobenzaprine and Lidocaine for the relief of muscle spasms. The direction and site of application was documented. There was documentation that the injured worker had been on oral pain medications and had not tolerated them well. Therefore, to avoid or minimize the amount of oral medications, the treating physician prescribed transdermal creams. The injured worker had been instructed to remain off work until 07-23-2015. The treating physician requested Flurbiprofen 20% and Lidocaine 5% 150 grams; Gabapentin 10%, Amitriptyline 5%, and Capsaicin 0.025% 150 grams; Cyclo-benzaprine 10% and Lidocaine 2% 150 grams; and a six panel urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% and Lidocaine 5%: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker had been prescribed antidepressants; however, there was no indication that the medication had failed. The compounded medication contains Flurbiprofen, a non-steroidal anti-inflammatory agent (NSAID) and Lidocaine. MTUS indicates that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to use topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The injured worker complained of neck, right shoulder, and low back pain. Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The only FDA-approved topical NSAIDs are diclofenac formulations. All other topical NSAIDs are not FDA approved. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Topical lidocaine other than Lidoderm is not recommended per the MTUS. The form of lidocaine requested in this case is not Lidoderm. According to the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. None of the medications in this compounded topical product is recommended by the guidelines. The request does not meet guideline recommendations. Therefore, the request for Flurbiprofen and Lidocaine compounded topical analgesic is not medically necessary.

Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025%: 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 Antidepressants for chronic pain and Topical Analgesics Page(s): 13-14 and 111-113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." The injured worker had been prescribed antidepressants; however, there was no indication that the medication had failed. The compounded medication contains Gabapentin, Amitriptyline, and Capsaicin. Topical Gabapentin is not recommended by the guidelines, since there is no peer-reviewed literature to support its use. Amitriptyline is a tricyclic antidepressant. The guidelines indicate that tricyclic antidepressants have shown a small to moderate effect on chronic low back pain; but the effect on function is unclear. The guidelines recommend tricyclic antidepressants as a first-line option for neuropathic pain. However, the MTUS does not discuss the topical application of Amitriptyline. The MTUS states that Capsaicin is only recommended when other conventional treatments have failed. There is documentation that the injured worker had been on oral pain medications and had not tolerated them well. So, to avoid or minimize the amount of oral medications, the treating physician prescribed transdermal creams. The guidelines recommend the 0.025% strength for the more common indications, such as osteoarthritis, fibromyalgia, non-specific back pain. The guidelines indicate "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request for Gabapentin, Amitriptyline, and Capsaicin compound medication is not medically necessary.

Cyclobenzaprine 10% plus Lidocaine 2%: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." The injured worker had been prescribed antidepressants; however, there was no indication that the medication had failed. The compounded medication is a combination of Cyclobenzaprine and Lidocaine. Cyclobenzaprine is a muscle relaxant. The MTUS states, "there is no evidence for the use of any other muscle relaxant as a topical product." The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Topical lidocaine other than Lidoderm is not recommended per the MTUS. The form of lidocaine requested in this case is not Lidoderm. The guidelines indicate that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request does not meet guideline recommendations. Therefore, the request for Cyclobenzaprine and Lidocaine compounded topical analgesic is not medically necessary.

6 panel Urine Drug Testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids, criteria for use, On-going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); Opioids, steps to avoid misuse/addiction Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and Opioids Page(s): 43 and 74-96.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The injured worker had been prescribed and uses the opiate, Tramadol. The guidelines recommend screening to differentiate between dependence and addiction with the use of opioids. In this case, the patient had a previous urine drug screen reported on 06-11-2015 and there is no indication to repeat this test in a short time interval. There is no indication that repeat UDT is necessary. Medical necessity for the requested testing has not been established. Therefore, the requested urine drug screening is not medically necessary.