

Case Number:	CM15-0187135		
Date Assigned:	09/29/2015	Date of Injury:	11/26/2013
Decision Date:	11/16/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/23/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 65 year old female, who sustained an industrial injury on 11-26-13. Current diagnoses or physician impression includes head pain, cervical spine musculoligamentous strain-sprain with radiculitis, thoracic spine musculoligamentous strain-sprain, lumbar spine musculoligamentous strain-sprain with radiculitis, left shoulder strain-sprain, impingement syndrome, left wrist strain-sprain and carpal tunnel syndrome and left knee strain-sprain. Her work status is temporary total disability. A note dated 5-13-15 - 8-7-15 reveals the injured worker presented with complaints of headaches (rated at 9 out of 10), neck, mid and upper back, low back (rated at 9 out of 10), left shoulder, left hip and left knee pain (rated at 8 out of 10). She reports numbness and pain in the left wrist. A physical examination dated 6-24-15- 8-7-15 revealed cervical spine tenderness (grade 2-3) over the paraspinal muscles, restricted range of motion and a positive cervical compression test. The thoracic spine revealed grade 2-3 tenderness to palpation over the paraspinal muscles and restricted range of motion. The lumbar spine is also grade 2-3 tenderness to palpation over the paraspinal muscles and restricted range of motion. The straight leg raise is positive bilaterally. The left shoulder is grade 2-3 tenderness to palpation and restricted range of motion. The impingement and supraspinatus tests are positive. The left wrist is grade 3 tenderness to palpation. The Tinel's sign and Phalen's test are positive. The left hip and left knee are also grade 2-3 tenderness to palpation. Treatment to date has included chiropractic (improved lumbar spine symptoms, per note dated 3-18-15), medications Tramadol (at least 8 months), Flexeril, Fexmid, FLURBI (at least 8 months), Gabacyclotram (at least 8 months). Diagnostic studies to date have included

MRI (2015) and extracorporeal shockwave procedure. A request for authorization dated 8-31-15 for four hypnotherapy sessions to include evaluation and treatment is non-certified, Tramadol 50 mg #60 is modified to #15, Flurbi (NAP) cream (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180 grams is non-certified, and Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) is non-certified, per Utilization Review letter dated 9-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 hypnotherapy sessions to include evaluation and treatment: 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), Mental Illness & Stress, Hypnosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/ Hypnosis.

Decision rationale: ODG states hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. Data to support the efficacy hypnosis for chronic low back pain are limited. ODG Hypnotherapy Guidelines: Initial trial of 4 visits over 2 weeks; With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions). The injured worker has been diagnosed with cervical spine musculoligamentous strain-sprain with radiculitis, thoracic spine musculoligamentous strain-sprain, lumbar spine musculoligamentous strain-sprain with radiculitis, left shoulder strain - sprain, impingement syndrome, left wrist strain-sprain and carpal tunnel syndrome and left knee strain-sprain. The request for 4 hypnotherapy sessions to include evaluation and treatment is not medically necessary as data to support the efficacy hypnosis for chronic low back pain are limited.

1 prescription of Tramadol 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines also

state that synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Side effects are similar to traditional opioids. The MTUS has a detailed list of recommendations for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and these recommendations do not appear to have been addressed by the treating physician in the documentation available for review. Therefore, this request is not medically necessary.

1 prescription of Flurbi(NAP) cream-LA (Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request for 1 prescription of Flurbi (NAP) cream-LA (Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5%) 180gm is excessive and not medically necessary as guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety and are not recommended."

1 prescription of Gabacyclotram (Gabapentin 10%/ Cyclobenzaprine 6%/ Tramadol 10%), 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine

efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request for 1 prescription of Gabacyclotram (Gabapentin 10%/ Cyclobenzaprine 6%/ Tramadol 10%), 180gm is excessive and not medically necessary as guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety and are not recommended."