

Case Number:	CM15-0193799		
Date Assigned:	10/14/2015	Date of Injury:	09/26/2011
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/01/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 44 year old female who sustained an industrial injury on 9-26-2011. A review of the medical records indicates that the injured worker is undergoing treatment for complex regional pain syndrome (CRPS) type 1 left upper extremity, status post left carpal tunnel release and paresthesias. According to the progress reports dated 2-26-2015 to 9-22-2015, the injured worker complained of pain in her neck and upper back. She reported dysesthesias in her left upper extremity and dropping things with her left hand. Per the treating physician (9-22-2015), the injured worker was permanently disabled. The physical exam (9-22-2015) revealed tenderness of the distal forearm and slight atrophy of the musculature. Range of motion was limited for wrist flexion and extension. There was some dysesthetic sensation to the left wrist. Treatment has included icing and medications (Neurontin based creams, Lyrica and Ibuprofen). The treatment plan (9-22-2015) included a trial of Neurontin. The request for authorization was dated 9-23-2015. The original Utilization Review (UR) (9-30-2015) denied requests for Cyclobenzaprine 10% and Gabapentin 30gm cream, Flurbiprofen 30gm 20% cream and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cream, Cyclobenzaprine 10% and Gabapentin % 30gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain), Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. In this case, there is evidence that in the clinical reports that this injured worker has neuropathic pain but no indication that she has failed treatment with trials of antidepressants and anticonvulsants. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for cream, Cyclobenzaprine 10% and Gabapentin % 30gm is determined to not be medically necessary.

Flurbiprofen 30gm 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis and topical Flurbiprofen is not an FDA approved formulation, therefore, the request for Flurbiprofen 30gm 20% is determined to not be medically necessary.

Neurontin 300mg #60, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS Guidelines recommend the use of anti-epilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of anti-epilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of anti-epilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. In this case, the injured worker was previously prescribed Lyrica but it was no longer recommended due to a lack of documentation of pain relief and functional improvement. This is a request for a trial with Neurontin. However, the quantity of 60 with 3 refills does not imply an intent to follow-up in the near future for efficacy, therefore, the request for Neurontin 300mg #60, 3 refills is determined to not be medically necessary.