

Case Number:	CM15-0200055		
Date Assigned:	10/15/2015	Date of Injury:	08/19/2006
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/12/2015

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, North Carolina
 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 is a 58-year-old female, with a reported date of injury of 08-19-2006. The diagnoses include cervical disc disorder and cervical radiculopathy, sacroiliitis of bilateral sacroiliac joint, lumbar sprain and strain, lumbar paraspinal muscle spasms, and chronic pain. Treatments and evaluation to date have included Anaprox, Norco, left sacroiliac joint injection on 03-18-2015, and Zanaflex. The diagnostic studies to date have included a urine drug test on 08-12-2015 with inconsistent findings; a urine drug test on 05-28-2015 which was positive for opiates; and an MRI of the lumbar spine on 02-26-2015 which showed multilevel central disc herniation, mild facet arthropathy, mild central spinal canal stenosis, and mild narrowing at the caudal margin of the neural foramina bilaterally at L5-S1. The progress report dated 09-23-2015 indicates that the injured worker had worsening pain over the bilateral buttock, which radiated to the posterior and lateral aspect of the bilateral thigh, with numbness and tingling. She also complained of low back pain and limited range of motion of the lumbar spine associated with severe muscle spasms. The low back pain radiated to the legs, and was associated with tingling and numbness, and weakness. The objective findings include a normal gait; difficulty walking on heels and toes due to bilateral hip pain; straightening of the lumbar lordosis; tenderness of the bilateral lumbar paravertebral muscles and bilateral sacroiliac joint; marked stiffness of the bilateral hips and knees; low back pain throughout the arc of motion; severe guarding to deep palpation on the bilateral lower extremities, associated with severe myofascial pain that was reproduced on deep palpation of the lumbar paraspinal muscles; pain over the spinous processes with guarding; pain to palpation over the bilateral lumbar paraspinal muscles with moderate to

severe guarding; decreased lumbar range of motion; positive bilateral seated and supine straight leg raise tests; positive bilateral Lasegue's test and Gaenslen's sign; positive bilateral facet joint loading test; and intact sensation to light touch and pinprick in the lower extremities. The treating physician requested Duragesic patches 50mg #10, Flurbiprofen 25%-Dextromethorphan 10% in Lipoderm base 180 grams, and Gabapentin 10%-Ketoprofen 10%-Tramadol 5%-Cyclobenzaprine 2% in Lipoderm base 180mg. On 09-28-2015, Utilization Review (UR) non-certified the request for Duragesic patches 50mg #10, Flurbiprofen 25%-Dextromethorphan 10% in Lipoderm base 180 grams, and Gabapentin 10%-Ketoprofen 10%-Tramadol 5%-Cyclobenzaprine 2% in Lipoderm base 180mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patches 50mg #10: 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): Opioids for chronic pain.

Decision rationale: CA MTUS Guidelines require monitoring the 4 A's (analgesia, ADLs, appropriate medication use and aberrant behavior) in patients taking opioids on a chronic basis. In this case, there is no documentation of measurable analgesic benefit (VAS scores) with the use of Duragesic patches. There is also no documentation of functional benefit. No urine drug screens are submitted to monitor compliance and screen for aberrant behavior. Therefore, the request for ongoing use of Duragesic patches is not medically necessary or appropriate.

CMPD - Flurbiprofen 25%, Dextromethorphan 10% in lipoderm base 180gm: 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): Topical Analgesics.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There should also be a documented failure of first-line oral agents (antidepressants, anticonvulsants) to justify a topical agent, which is not present in this case. NSAIDs such as Flurbiprofen may be indicated topically for osteoarthritis and tendinitis; however there is no proven efficacy for use in the spine, hips and shoulders. Dextromethorphan has no proven efficacy as a topical agent. Therefore, the request is not medically necessary or appropriate.

CMPD - Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% in lipoderm base 180gm: 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): Topical Analgesics.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to demonstrate safety or efficacy. There is little to no research to support the use of many of these products. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Gabapentin, Cyclobenzaprine, Tramadol, and Ketoprofen are not approved for topical use due to lack of demonstrated efficacy. Ketoprofen also has an extremely high incidence of photocontact dermatitis. Therefore, based on the above, the request for this compounded product is not medically necessary or appropriate.