

Case Number:	CM15-0024582		
Date Assigned:	02/17/2015	Date of Injury:	11/25/2013
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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 37 year old female, who sustained an industrial injury on November 25, 2013. She reported a repetitive work injury to the cervical, thoracic and lumbar spine, internal and psych/headaches and bilateral knees. The diagnoses have included cervical HNP with myelopathy, lumbar spondylosis with myelopathy, thoracic spondylosis with myelopathy, chondromalacia bilateral patella, tear of the medial meniscus bilateral knees. Currently, the injured worker complains of pain in the cervical, thoracic, lumbar spine and the bilateral knees. On examination, she had spasms and tenderness over the cervical, thoracic and lumbar paraspinal muscles. She had spasms and tenderness over the suboccipital muscles and bilateral upper shoulder muscles. She exhibited knee spasms and tenderness and had tenderness at the medial anterior joint lines. On January 28, 2015 Utilization Review non-certified a request for Gabapentin 10%, Ketoprofen 10%) 180 gms #3, Muscular pain topical compound (Fluribiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%) 180 grams, #3, and Range of Motion movements and modified a request for Ultram 50 mg, #300, noting that the guidelines do not support the use of topical compounds, the guidelines do not recommend the use of muscle relaxants in a topical formulation, the documentation does not mention functional improvement or benefit related to the use of Ultram and the guidelines do not support the use of range of motion measurements. The California Medical Treatment Utilization Schedule was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of Gabapentin 10%, Ketoprofen 10%) 180 gms #3, Muscular pain topical compound (Fluribiprofen 15%,

Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%) 180 grams, #3, Ultram 50 mg, #300 and Range of Motion movements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inflammation topical compound (Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%) 180 grams, three count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Gabapentin, Ketoprofen Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. The requested topical analgesic compound for this patient contains: Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%. Gabapentin is not recommended as a topical agent per CA MTUS Guidelines, and there is no peer-reviewed literature to support its use. Ketoprofen is not currently FDA approved for a topical application, and has an extremely high incidence of photocontact dermatitis. Medical necessity for the requested topical compounded medication has not been established. The requested topical analgesic compound is not medically necessary.

Muscular pain topical compound (Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%) 180 grams, three count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example,

NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. The requested topical analgesic compound for this patient contains: Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%. MTUS guidelines state that Flurbiprofen, lidocaine, and/or muscle relaxants (Cyclobenzaprine in this case) are not recommended for topical applications. Medical necessity for the requested topical analgesic compounded medication, for muscular pain, has not been established. The requested topical compound is not medically necessary.

Ultram 50 mg, 300 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Range of Motion movements: 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Low Back Pain, Range of Motion (ROM), Flexibility.

Decision rationale: Flexibility should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They do not recommend

computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. Measurement of three dimensional real time lumbar spine motion including derivatives of velocity and acceleration has greater utility in detecting patients with low back disorder than range of motion. Medical necessity for the requested range of motion movements has not been established. The requested service is not medically necessary.