

Case Number:	CM15-0210951		
Date Assigned:	10/29/2015	Date of Injury:	01/24/2014
Decision Date:	12/11/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/26/2015

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:

The injured worker was a 69 year old female, who sustained an industrial injury, January 25, 2014. The injured worker was undergoing treatment for cervical strain and sprain, cervical spine referred pain to the left shoulder, cervical myospasms, cervical spine herniated nucleus pulposus, left shoulder internal derangement, lumbar spine sprain and or strain, lumbar spine myospasm, and lumbar spine herniated nucleus pulposus, left elbow pain, lumbar spine referred pain to the left shoulder and left hip pain. According to progress note of September 21, 2015, the injured worker's chief complaint was chronic left thigh and left knee pain. The pain was rated at 7-8 out of 10. The pain was sharp and continuous. The pain radiated into the left lower extremity. The pain was aggravated by increased activity. The associated symptoms were headaches and muscles spasms. The objective findings were left knee tenderness with palpation. Left hip tenderness and ambulates with a limp. There was cervical spine tenderness with palpation with spasms. The cream was stopped after the injured worker developed a rash to the lower extremities. The cream was stopped after the injured worker developed a rash to the lower extremities. The injured worker previously received the following treatments Tramadol, Ultram, Topical compound cream of Gabapentin 15%, Amitriptyline 10%, Dextromethorphan 10% in cream base (thin layer 2-3 times per day and topical cream of Cyclobenzaprine 2%, Flurbiprofen 25% cream base (thin layer 2-3 times per day. The RFA (request for authorization) dated the following treatments were requested. The UR (utilization review board) denied certification on September 28, 2015; for Tramadol, Ultram, Topical compound cream of Gabapentin 15%, Amitriptyline 10%, Dextromethorphan 10% in cream base (thin layer 2-3 times per day and topical cream of Cyclobenzaprine 2%, Flurbiprofen 25% cream base (thin layer 2-3 times per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg generic for Ultram #60, one tab a day before bed: Upheld

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

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

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is evidence of good pain relief. However, there is a lack of objective evidence of functional improvement and it is unclear if the injured worker has returned to work. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg generic for Ultram #60, one tab a day before bed is determined to not be medically necessary.

Topical compound cream: Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% in cream base thin layer 2-3 times per day: 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): Amitriptyline, 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. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of Amitriptyline or other antidepressants as topical agents for pain, however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. Dextromethorphan is FDA approved an antitussive. Uses for chronic pain are investigational and experimental. As at least one of the medications in the requested compounded medication is not supported by the guidelines the request for topical compound cream: Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% in cream base thin layer 2-3 times per day is determined to not be medically necessary.

Topical compound cream: Cyclobenzaprine 2%, Flurbiprofen 25% cream base thin layer 2-3 times per day: 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), 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. Topical flurbiprofen is not an FDA approved formulation. 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 supported by the guidelines the request for topical compound cream: Cyclobenzaprine 2%, Flurbiprofen 25% cream base thin layer 2-3 times per day is determined to not be medically necessary.