

Case Number:	CM15-0032945		
Date Assigned:	02/26/2015	Date of Injury:	01/29/1999
Decision Date:	04/09/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 49 year old male who sustained an industrial injury on 1/29/99. Currently he complains of increased right knee pain with pain intensity of 9/10 without medications and 5-6/10 with medications; low back pain (moderate) intensity 6/10 without medication and stimulator and 4/10 with medications with radiation to the right lower extremity with numbness and tingling; bilateral shoulder pain, with pain intensity 9/10 without medications and 5-6/10 with medications; sleep disturbances. Medications include Celebrex, Prevacid, Norco, Soma, oxycontin, Voltaren 1%, Lexapro, Lidoderm 5%, diazepam. Diagnoses include depression; arthritis, right shoulder, status post shoulder replacement X 2 with chronic right shoulder pain; arthritis left shoulder as a compensatory consequence; chronic low back pain, status post fusion; internal derangement, right knee with tri-compartmental arthritis and tear medial meniscus status post right knee surgery; implantation of spinal cord stimulator (12/18/14). Treatments to date include home exercise program, medications, transcutaneous electrical nerve stimulator unit which afforded great relief, heat packs, cortisone injection to the right knee X 3, knee brace, Synvic injection left shoulder, knee immobilizer that does help him sleep. Diagnostics include MRI of thoracic and lumbar spine. In the progress note dated 1/5/15, the treating provider requested 2 topical compound creams, Gabapenin Cream 10%; Flurbiprofen Cream 20% and hydrocodone for pain relief. In progress note dated 1/26/15, the treating physician noted that his pain management doctor cut his pain medications by 50%. The injured worker is having some difficulty with detoxification and he will order medical detoxification. On 2/11/15 Utilization Review non-certified the requests for Norco 10/325 mg # 60; Gabapenin Cream 10%;

Flurbiprofen Cream 20% citing MTUS: Chronic Pain Medical treatment Guidelines: Opioids; MTUS: Chronic Pain Medical treatment Guidelines: Topical Analgesics respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.

Gabapentin Cream 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment Guidelines, section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended.

Gabapentin topical is not recommended by MTUS for pain management. Therefore, the prospective request for Gabapentin cream is not medically necessary.

Flurbiprofen Cream 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment Guidelines, section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for this topical analgesic is not medically necessary.