

Case Number:	CM15-0034323		
Date Assigned:	03/02/2015	Date of Injury:	02/13/2012
Decision Date:	04/17/2015	UR Denial Date:	01/22/2015
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 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 61 year old female, who sustained an industrial injury on February 13, 2012. She has reported injury of the neck and low back. The diagnoses have included bilateral carpal tunnel syndrome, cervical discogenic disease, bilateral shoulder partial thickness rotator cuff tear, lumbosacral discogenic disease, and left wrist/hand extensor tendinitis. Treatment to date has included medications, surgery, chiropractic treatment, and epidural steroid injection. Currently, the IW complains of continued pain in the neck, and shoulder with radiation into the arms, hands and fingers. She reports having headaches, dizziness, loss of memory and difficulty concentrating due to neck pain. The records indicate she is diabetic and had elevated blood sugar following epidural injections. The provider notes there is no significant improvement is indicated from chiropractic therapy. Physical findings revealed positive Finkelstein's sign over both thumbs, decreased cervical and lumbar ranges of motion, decreased sensation over the right L5 dermatome. On January 22, 2015, Utilization Review non-certified APAP/Codeine (Tylenol #3) 300/30mg #60, and Genicin (glucosamine) 500mg #90, and Amrix (Cyclobenzaprine HCL ER) 15mg #30, and Terocin Topical, and Flur/Amit/Lido topical compound, and Cyclo + Gaba topical compound, and Tramadol topical compound. The MTUS guidelines were cited. On February 20, 2015, the injured worker submitted an application for IMR for review of APAP/Codeine (Tylenol #3) 300/30mg #60, and Genicin (glucosamine) 500mg #90, and Amrix (Cyclobenzaprine HCL ER) 15mg #30, and Terocin Topical, and Flur/Amit/Lido topical compound, and Cyclo + Gaba topical compound, and Tramadol topical compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine (Tylenol #3) 300-30 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Codeine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the California MTUS Guidelines, APAP with Codeine (Tylenol with Codeine or Tylenol #3) is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. The certification of the requested medication is not recommended.

Genicin (Glucosamine) 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The California MTUS (2009) guidelines state that Genicin (Glucosamine) is recommended as a treatment option, given its low risk, in patients with moderate arthritic pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) in all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by the National Institutes of Health concluded that glucosamine hydrochloride (GH) and chondroitin sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate to severe knee pain. In this case, although there is documentation of pain, there is no clear documentation of moderate arthritic pain. Medical necessity for the requested item is not established. The requested item is not medically necessary.

Amrix (Cyclobenzaprine Hydrochloride, ER) 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: Cyclobenzaprine HCl (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant with similar effects to tricyclic antidepressants. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Cyclobenzaprine is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. This medication is not recommended to be used for longer than 2-3 weeks. In this case, there are no muscle spasms documented on physical exam. There is no documentation of objective functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for Cyclobenzaprine HCl, has not been established. The requested medication is not medically necessary.

Terocin Topical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation www.drugs.com/pro/terocin.html.

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. In this case, there is no documentation provided necessitating the use of a Terocin patch. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. According to CA MTUS, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Flur/Amit/Lido Topical Compound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. 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. In this case, the topical analgesic compound contains Flur/Amit/Lido. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). In addition, there is no documentation of intolerance to other previous oral medications. Additionally, the documentation submitted for review does not provide evidence of the necessity for 4 topical analgesics. The medical necessity of the requested compounded medication has not been established. The requested topical analgesic compound is not medically necessary.

Cyclo and Gaba topical compound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, AED, Gabapentin 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. In this case, the topical analgesic requested is Cyclobenzaprine/Gabapentin compound. Per CA MTUS guidelines, Gabapentin is not recommended as a topical agent, and there is no peer-reviewed literature to support its use. It is evident from the records that the patient is able to use oral medications and there is no rationale provided for the use of this topical compound. Additionally, the documentation submitted for review does not provide evidence of the necessity for 4 topical analgesics. Medical necessity for

the requested topical analgesic has not been established. The request for this topical analgesic compound is not medically necessary.

Tramadol topical compound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. 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. In this case, the topical analgesic requested is a Tramadol compound. Tramadol is not FDA approved for a topical application. It is evident from the records that the patient is able to use oral medications and there is no rationale provided for the use of topical agent. Additionally, the documentation submitted for review does not provide evidence of the necessity for 4 topical analgesics. Medical necessity for the requested topical analgesic has not been established. The request for the topical analgesic is not medically necessary.