

<b>Case Number:</b>	CM15-0042067		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 53 year old female, who sustained an industrial injury on 9/2/11. She reported left upper extremity pain. The injured worker was diagnosed as having left upper extremity pain, possible left upper extremity complex regional pain syndrome and depression and anxiety. Treatment to date has included oral medications including narcotics and physical therapy. Magnetic resonance imaging (MRI) of cervical spine was performed on 2/9/13. Currently, the injured worker complains of worsening pain in the neck and pain in left arm with difficulty performing activities of daily living due to pain. Physical exam noted decreased range of motion of neck and increased spasm and pain with flexion. The treatment plan included a trial of compound creams, oral MS-Contin and anti-inflammatory medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15mg #90 x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 78 & 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, MS Contin 15 mg #90 with 2 refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are left upper extremity pain; possible left upper extremity complex regional pain syndrome; and history of depression and anxiety. The documentation, pursuant to an August 26, 2014 progress note, shows the injured worker was using fentanyl patches. Fentanyl causes nausea and dizziness. On September 3, 2014, fentanyl was discontinued and MS Contin 15 mg PO BID was started. The treating physician also discontinued tramadol. October 13, 2014 shows MS Contin 15 mg b.i.d. was continued, however, a urine drug toxicology screen performed on the same date was negative for any opiate medications. There was no clinical discussion of the inconsistent urine drug toxicology screen. On November 6, 2014, the treating physician increased MS Contin 15 mg to TID. On January 5, 2015 MS Contin 15 mg TID was refilled. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record (ongoing long-term opiate use). There is no documentation evidencing objective functional improvement with ongoing MS Contin 15 mg. Consequently, absent compelling clinical documentation with objective functional improvement, pain and risk assessments, MS Contin 15 mg #90 with 2 refills is not medically necessary.

**Gabapentin 15% Amitriptyline 4% Dextromethorphan 10% 180gms with 2 refills:** Upheld

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

**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) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, gabapentin 15%, amitriptyline 4%, dextromethorphan 10% 180 g with two refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. Topical gabapentin is not recommended. In this case, the injured worker's working diagnoses are left upper extremity pain;

possible left upper extremity complex regional pain syndrome; and history of depression and anxiety. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Consequently, gabapentin 15%, amitriptyline 4%, dextromethorphan 10% 180 g is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, gabapentin 15%, amitriptyline 4%, dextromethorphan 10% 180 g is not medically necessary.

**Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Methol 2% Camphor 2% 180gms with 2 refills:** Upheld

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

**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) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Capsaicin 0.025%, Flurbiprofen 15%, gabapentin 10%, menthol 2% and camphor 2% #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are left upper extremity pain; possible left upper extremity complex regional pain syndrome; and history of depression and anxiety. Topical gabapentin is not recommended. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (topical gabapentin and Flurbiprofen-not FDA approved) that is not recommended, is not recommended. Consequently, Capsaicin 0.025%, Flurbiprofen 15%, gabapentin 10%, menthol 2% and camphor 2% #180 g is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Capsaicin 0.025%, Flurbiprofen 15%, gabapentin 10%, menthol 2% and camphor 2% #180 g is not medically necessary.