

Case Number:	CM15-0055098		
Date Assigned:	03/30/2015	Date of Injury:	10/05/2006
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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: Connecticut, California, Virginia
 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 is a 57-year-old female, who sustained an industrial injury on 10/5/06. She reported back pain and right knee pain. The injured worker was diagnosed as having cervical spine discopathy, left shoulder mild acromioclavicular joint arthropathy, lumbar spine discopathy, right knee internal derangement, morbid obesity, status post Roux-En-Y gastric bypass surgery, and left knee arthrosis. Treatment to date has included 4 injections to the back and 2 Cortisone injections to the right knee which helped only for a few days. Currently, the injured worker complains of left shoulder pain, neck pain, back pain, and bilateral knee pain. The injured worker was prescribed Norco, acetaminophen, Tramadol and pain creams, which she stated, were helping. The treating physician requested authorization for Tramadol 100mg, Gabapentin/ Cyclobenzaprine/Capsaicin/Menthol cream, and Ketoprofen/Cyclobenzaprine / Diclofenac/Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Prior utilization review has non-certified similar requests due to lack of evidence of functional improvement and lack of opioid compliance measures (urine drug screen, pain contracts, etc.). Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of multiple medical problems in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has a multitude of medical issues warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. The recent documents requesting Tramadol indicate that the patient is weaning from Norco and transitioning to Tramadol, which is an appropriate measure given the chronicity of her condition. Consideration of other pain treatment modalities and adjuvants is also recommended. Further details regarding functional improvement on Tramadol should be clearly and aggressively documented in order to facilitate continuing treatment decisions, but given the need to wean from Norco, the request for Tramadol is considered medically appropriate at this time. Further requests for Tramadol should include a clear timeline for treatment, including weaning plan and compliance measures.

Gabapentin/Cyclobenzaprine/Capsaicin/Menthol cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. A cream formulation with the following ingredients was requested: Gabapentin, Cyclobenzaprine, Capsaicin, and Menthol. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Gabapentin is not recommended as a topical lotion or gel by the MTUS, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like those that the one requested makes the requested treatment not medically necessary.

Ketoprofen/Cyclobenzaprine/Diclofenac/Lidocaine cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like those that the one requested makes the requested treatment not medically necessary.