MAXIMUS Federal Services

Case Number:	CM15-0055920		
Date Assigned:	04/01/2015	Date of Injury:	07/16/2001
Decision Date:	05/04/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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: Physical Medicine & Rehabilitation

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 60 year old, female who sustained a work related injury on 7/16/01. The diagnoses have included status post lumbar spine surgery, lumbar spine failed back syndrome, lumbar pain and right radiculitis. Treatment has included medications. In the PR-2 dated 1/21/15, the injured worker complains of lower back pain. She rates the pain an 8/10. She has tenderness to palpation over paraspinal muscles with spasm. She has restricted range of motion in low back area. The treatment plan is for prescriptions of a medicated cream and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 76-78, 88-89.

Decision rationale: The patient presents with low back pain, rated 8/10. The request is for TYLENOL NO. 3 #60. The RFA provided is dated 01/21/15 and the patient's date of injury is 07/16/01. The diagnoses have included status post lumbar spine surgery, lumbar spine failed back syndrome, lumbar pain and right radiculitis. Per 01/21/15 report, physical examination to the lumbar spine revealed grade 2 tenderness to palpation over the paraspinal muscles and 2 palpable spasms, which has remained. There is restricted range of motion. Straight leg raise test is positive, bilaterally. Current medications include Tylenol no. 3 and Flurbi(nap) cream. The physician reports the patient does not present with aberrant behavior and urine drug screens have been consistent. The patient remains temporarily totally disabled. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." In this case, only one report was provided for review and the treater did not provide a reason for the request. The use of opiates require detailed documentation regarding pain and function per MTUS. There are no pain scales or validated instruments addressing function. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Flurbi Nap cream-LA (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%) 180gm: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with low back pain, rated 8/10. The request is for FLURBINAP CREAM-LA (FLURBIPROFEN 20%, LIDOCAINE 5%, AMITRIPTYLINE 5%) 180 GM. The RFA provided is dated 01/21/15 and the patient's date of injury is 07/16/01. The diagnoses have included status post lumbar spine surgery, lumbar spine failed back syndrome, lumbar pain and right radiculitis. Per 01/21/15 report, physical examination to the lumbar spine revealed grade 2 tenderness to palpation over the paraspinal muscles and 2 palpable spasms, which has remained. There is restricted range of motion. Straight leg raise test is positive, bilaterally. Current medications include Tylenol no. 3 and Flurbi(nap) cream. The physician

reports the patient does not present with aberrant behavior and urine drug screens have been consistent. The patient remains temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, only one report was provided for review. Per 01/21/15 report, treater states, "Topical medications were prescribed in order to minimize possible neurovascular complications; and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medications." Lidocaine is not supported by MTUS in any topical formulation other than patch. Flurbiprofen is only recommended for peripheral joint arthritis and tendinitis. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended. This request IS NOT medically necessary.