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| Case Number: | CM15-0059083 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 08/03/2012 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 02/26/2015 |
| Priority: | Standard | Application Received: | 03/27/2015 |

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 52 year old female with an industrial injury dated 08/03/2012. The injured worker's diagnoses include lumbar sprain/strain, bilateral carpal tunnel syndrome, right greater than left wrist sprain/strain, left shoulder sprain/strain, rotator cuff syndrome, left greater than right knee sprain/strain and insomnia. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 11/04/2013, the injured worker reported low back pain, right greater than left wrist pain, left shoulder pain, left greater than right knee pain and loss of sleep. The injured worker rated pain a 9/10 and a 5/10 with medication. Objective findings revealed tenderness with spasm in lumbar region, decrease lumbar range of motion, tenderness in the right greater than left carpal tunnel syndrome area, decrease wrist range of motion, tenderness in the left shoulder area with decrease range of motion and tenderness in bilateral knee with decrease range of motion. In a progress note dated 12/02/2013, the subjective complaints and objective findings remained unchanged. Treatment plan consisted of medication management. The treating physician requested Retrospective Cap/Flu/Trama/Men 240 grams date of service 11/18/13, retrospective Gaba/Lido/Tram240 grams date of service 12/18/13, retrospective Cap/Flu/Trama/Men 240 grams date of service 12/18/13 and retrospective Gaba/Lido/Tram240 grams date of service 11/18/13 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cap/Flu/Trama/Men 240 grams date of service 11/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines compounded medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter.

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

Decision rationale: The patient presents with bilateral wrist pain, right greater than left, left shoulder pain, bilateral knee pain, left greater than right, low back pain and loss of sleep. The request is for retrospective cap/flu/trama/men 240 grams date of service 11/13/13. Physical examination to the bilateral wrists, bilateral knees, left shoulder and the lumbar spine on 12/03/13 revealed tenderness to palpation. Patient's diagnosis, per 12/03/13 progress report include bilateral carpal tunnel synd (R > L) wrist s/s, shoulder s/s, rotator cuff synd, L > R knee s/s, lumbar s/s and insomnia. Patient's medication, per 11/04/13 progress report includes Topical Compound Cream. Patient's work status is modified duties. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. "The progress reports provided were hand written and not legible. Treater has not discussed this request. No RFA was provided either. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound Tramadol is not supported for topical use. Therefore, the request IS NOT medically necessary.

Retrospective Gaba/Lido/Tram 240 grams date of service 12/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-pain chapter.

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

Decision rationale: The patient presents with bilateral wrist pain, right greater than left, left shoulder pain, bilateral knee pain, left greater than right, low back pain and loss of sleep. The request is for retrospective gaba/lido/tram 240 grams date of service 12/18/13. Physical examination to the bilateral wrists, bilateral knees, left shoulder and the lumbar spine on 12/03/13 revealed tenderness to palpation. Patient's diagnosis, per 12/03/13 progress report include bilateral carpal tunnel synd (R > L) wrist s/s, shoulder s/s, rotator cuff synd, L > R knee s/s, lumbar s/s and insomnia. Patient's medication, per 11/04/13 progress report includes Topical Compound Cream. Patient's work status is modified duties. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta- analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. "The progress reports provided were hand written and not legible. Treater has not discussed this request. No RFA was provided either. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin and Cyclobenzaprine, which are not supported for topical use. Furthermore, MTUS only supports Lidocaine in a patch formulation and not as a cream, lotion, gel or other forms. Therefore, the request IS NOT medically necessary.

Retrospective Cap/Flu/Trama/Men 240 grams date of service 12/18/13: Upheld

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

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

Decision rationale: The patient presents with bilateral wrist pain, right greater than left, left shoulder pain, bilateral knee pain, left greater than right, low back pain and loss of sleep. The request is for retrospective cap/flu/trama/men 240 grams date of service 12/18/13. Physical examination to the bilateral wrists, bilateral knees, left shoulder and the lumbar spine on 12/03/13 revealed tenderness to palpation. Patient's diagnosis, per 12/03/13 progress report include bilateral carpal tunnel synd (R > L) wrist s/s, shoulder s/s, rotator cuff synd, L > R knee s/s, lumbar s/s and insomnia. Patient's medication, per 11/04/13 progress report includes Topical Compound Cream. Patient's work status is modified duties. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta- analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." MTUS has the following regarding topical creams (p111, chronic pain section): "Topical

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Retrospective Gaba/Lido/Tram 240 grams date of service 11/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical cream. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-pain chapter.

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

Decision rationale: The patient presents with bilateral wrist pain, right greater than left, left shoulder pain, bilateral knee pain, left greater than right, low back pain and loss of sleep. The request is for gaba/lido/tram 240 grams date of service 11/18/13. Physical examination to the bilateral wrists, bilateral knees, left shoulder and the lumbar spine on 12/03/13 revealed tenderness to palpation. Patient's diagnosis, per 12/03/13 progress report include bilateral carpal tunnel synd (R > L) wrist s/s, shoulder s/s, rotator cuff synd, L > R knee s/s, lumbar s/s and insomnia. Patient's medication, per 11/04/13 progress report includes Topical Compound Cream. Patient's work status is modified duties. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The progress reports provided were hand written and not legible. Treater has not discussed this request. No RFA was provided either. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin and Cyclobenzaprine, which are not supported for topical use. Furthermore, MTUS only supports Lidocaine in a patch formulation and not as a cream, lotion, gel or other forms. Therefore, the request IS NOT medically necessary.