

Case Number:	CM15-0083448		
Date Assigned:	05/05/2015	Date of Injury:	04/26/2012
Decision Date:	06/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/30/2015

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: 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(n) 62 year old female, who sustained an industrial injury on 4/26/12. She reported pain in her right shoulder, right elbow, left wrist and right knee related to a trip and fall accident. The injured worker was diagnosed as having insomnia, right knee degeneration, right shoulder rotator cuff tear and impingement syndrome and post-surgical knee chondromalacia. Treatment to date has included physical therapy x 1 year, shoulder and knee MRIs, Norco and Motrin and surgeries. As of the PR2 dated 4/3/15, the injured worker reports 7/10 pain in the right knee and right shoulder. She indicated she was having difficulty with sleeping. The treating physician noted crepitus and pain with motion in the right shoulder and reduced range of motion and pain in the right knee. The treating physician requested Restoril 7.5mg #30 x 1 refill, Gabapentin/Amitriptyline/Bupivacaine Cream, #1 container and Flurbiprofen/Diclofenac Cream, #1 container.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 7.5mg, #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Pain - Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Restoril (Temazepam) Benzodiazepines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. ODG guidelines states that Restoril (Temazepam) is not recommended. The primary treating physician's progress report dated 3/9/15 documented a request for Restoril (Temazepam) 7.5 mg qhs prn #30 with one refill for sleep, which is equivalent to sixty tablets. There were no subjective complaints of insomnia. The long-term use of benzodiazepines is not supported by MTUS guidelines. ODG guidelines indicates that Restoril (Temazepam) is not recommended. Therefore, the request for Restoril (Temazepam) 7.5 mg #30 with one refill is not medically necessary.

Flurbiprofen/Diclofenac Cream, #1 container: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time

during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that non-steroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The primary treating physician's progress report dated 3/9/15 documented a request for topical Flurbiprofen / Diclofenac cream. Date of injury was 4/26/12. The occupational injuries are chronic. Medical records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. The use of a topical NSAID is not supported by MTUS guidelines. Therefore, the request for Flurbiprofen / Diclofenac cream is not medically necessary.

Gabapentin/Amitriptyline/Bupivacaine Cream, #1 container: 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 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other anti-epilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The primary treating physician's progress report dated 3/9/15 documented a request for topical Gabapentin / Amitriptyline / Bupivacaine cream. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical compounded product containing Gabapentin is not supported by MTUS. Therefore, the request for topical Gabapentin/Amitriptyline /Bupivacaine is not medically necessary.