

Case Number:	CM15-0086700		
Date Assigned:	05/08/2015	Date of Injury:	03/31/2014
Decision Date:	06/23/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38 year old female sustained an industrial injury to the neck, back, shoulder and bilateral upper extremities on 3/31/14. Magnetic resonance imaging left shoulder (10/1/14) showed supraspinatus tendinosis. Magnetic resonance imaging right shoulder (11/26/14) showed a mild joint effusion with type II acromion. Electromyography (1/9/15) showed bilateral L5 radiculopathy. Previous treatment included electromyography, physical therapy, acupuncture and medications. In a PR-2 dated 2/3/15, the injured worker complained of pain to the cervical spine, thoracic spine, lumbar spine, bilateral shoulders and bilateral wrists. Current diagnoses included cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine myospasm, lumbar spine sprain/strain, subacromial bursitis, subacromial impingement, bilateral carpal tunnel syndrome and bilateral wrist sprain/strain. The treatment plan included range of motion and muscle testing analysis, acupuncture twice a week for four weeks, chiropractic therapy twice a week for four weeks, urine drug screen and medications (Gabapentin 105, Amitriptyline 10%, Bupivacaine 5% in cream base 210 grams, Flurbiprofen 20%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 210 grams, Tramadol and Cyclobenzaprine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: 90 tablets of Tramadol 50mg (DOS 2/18/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic pain throughout her spine, bilateral shoulder, and bilateral wrist pain. When seen, she was having mild to moderate pain. No VAS scores are reported. There was spinal tenderness with decreased range of motion. She had shoulder and wrist tenderness. There was positive Phalen testing and positive Carpal Compression testing. Tramadol is an immediate release medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Tramadol was not medically necessary.

Retrospective request: 1 compound medication (Gabapentin 105, Amitriptyline 10%, Bupivacaine 5% in cream base) 210 grams (DOS 2/18/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic pain throughout her spine, bilateral shoulder, and bilateral wrist pain. When seen, she was having mild to moderate pain. No VAS scores are reported. There was spinal tenderness with decreased range of motion. She had shoulder and wrist tenderness. There was positive Phalen testing and positive Carpal Compression testing. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.

Retrospective request: 1 compound medication (Flurbiprofen 20%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base) 210 grams (DOS 2/18/2015):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1)
Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic pain throughout her spine, bilateral shoulder, and bilateral wrist pain. When seen, she was having mild to moderate pain. No VAS scores are reported. There was spinal tenderness with decreased range of motion. She had shoulder and wrist tenderness. There was positive Phalen testing and positive Carpal Compression testing. This request is for a compounded topical medication with components including, Flurbiprofen, baclofen, dexamethasone, and capsaicin. In terms of these medications, Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Additionally, including another anti-inflammatory medication, dexamethasone, is duplicative. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Additionally, in this case, two topical anti-inflammatory medications are included in this product, which is duplicative. Therefore, this medication was not medically necessary.