

Case Number:	CM14-0003381		
Date Assigned:	07/18/2014	Date of Injury:	05/04/2002
Decision Date:	09/08/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/08/2014

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. The expert reviewer is Board Certified in Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old female who reported an injury on 05/04/2002. The mechanism of injury was the injured worker was feeding material into a laminator when she lost her balance and fell on a wet floor, injuring her left shoulder, low back, and hip. Prior treatments included acupuncture and multiple surgical interventions. Diagnoses included depressive disorder, lumbar spine status post discectomy and fusion with instrumentation, and status post hardware removal. The documentation indicated the injured worker was utilizing a compounded medication per a prescription including Flurbiprofen #72, Cyclobenzaprine #14, Bupivacaine HCL #10, Ethoxy #72, and Tramadol HCL #10 as well as VersaPro 172 and Clonidine HCL #1. There was no DWC Form RFA or PR-2 submitted with the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Quantity 72: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines indicate topical NSAIDs have been shown in a meta-analysis to be superior to placebos in the first 2 weeks of treatments for osteoarthritis. The indications for use with a topical NSAID are osteoarthritis and tendonitis of the knee and other joints that can be treated topically. They are recommended for a short-term use. Additionally, the California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The clinical documentation submitted for review failed to provide a DWC Form RFA or a PR-2 to support the request. There was no documented rationale for the use of Flurbiprofen. Additionally, the documentation indicated this was a component of a compounded medication. The duration of use could not be established. There was no strength or frequency provided as well as a body part to be treated. Given the above, the request for Flurbiprofen quantity: 72 is not medically necessary.

Cyclobenzaprine Quantity 14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine , Topical Analgesic Page(s): 41.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few, randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines do not recommend the topical use of Cyclobenzaprine as there is no evidence for the use of any type of muscle relaxants as a topical product. The duration of use could not be established through supplied documentation. The frequency and strength were not provided. The duration of use was not provided. There is lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Cyclobenzaprine quantity: 14 is not medically necessary.

Bupivacaine HCL Quantity 10: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no DWC Form RFA or PR-2 submitted with the request. The duration of use could not be established through supplied documentation. The frequency, strength, and point of application were not supplied per the submitted request. Given the above, the request for Bupivacaine HCL quantity: 10 is not medically necessary.

Ethoxy Quantity 72: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.google.com/#q=what+is+ethoxy>.

Decision rationale: Per Wikipedia.org, Ethoxy is an organic compound, ethyl phenyl ether. There is lack of documentation indicating a necessity for the requested Ethoxy. The request as submitted failed to indicate the frequency and the strength. The duration of use could not be established. There was a lack of documentation documented rationale for the requested Ethoxy, quantity 72. Given the above, the request for Ethoxy quantity: 72 is not medically necessary.

Tramadol HCL Quantity 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, , ongoing management Page(s): 60, 78. Decision based on Non-MTUS Citation FDA.gov.

Decision rationale: The California MTUS Guidelines recommend Tramadol as an oral medication for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documented the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review however, indicated this was for topical use. A thorough search of FDA.gov failed to indicate that there is an approved topical application for this medication. The request as submitted failed to indicate whether the requested medication was for topical or oral intake. The duration of use could not be established. There was no DWC Form RFA or PR-2 submitted with the requested medication. The frequency and strength were not provided. Given the above, the request for Tramadol HCL quantity: 10 is not medically necessary.

Versapro Quantity 172: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.versaprocreambase.com/>.

Decision rationale: Per www.versaprocreambase.com, VersaPro is a compounding base. There is lack of documentation indicating a necessity for a base. The duration of use could not be

established through supplied documentation. The frequency and strength were not provided. Given the above, the request for VersaPro quantity: 172 is not medically necessary.

Clonidine Quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hypertension.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics,, Clonidine, Intrathecal Page(s): 34, 111.

Decision rationale: The California MTUS Guidelines indicate that Clonidine is for intrathecal use and is recommended only after short-term trial indicates pain relief and the injured worker is refractory to opioid and monotherapy or opioids with local anesthetic. There is little evidence this medication provides long-term pain relief. The clinical documentation submitted for review failed to provide documentation of the rationale for the use of this medication. Additionally, there is lack of documentation indicating the injured worker's pain was refractory to opioid monotherapy or opioids with local anesthetic. Additionally, the clinical documentation indicated this medication was part of a topical analgesic. As such, there should be documentation of the injured worker having neuropathic pain and that there had been a trial and failure of antidepressants and anticonvulsants. The clinical documentation submitted for review failed to provide documentation of the above criterion. The request as submitted failed to indicate the frequency and strength. The duration of use could not be established through supplied documentation. Given the above, the request for Clonidine quantity: 1 is not medically necessary.