

Case Number:	CM14-0147316		
Date Assigned:	09/15/2014	Date of Injury:	05/18/2006
Decision Date:	10/15/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 72-year-old male who reported an injury on 05/18/2006, caused by an unspecified mechanism. The injured worker's treatment history includes epidural steroid injections, medications, topical "compounding" creams, MRI studies and over the counter "inflammatory" medications. The injured worker was evaluated on 05/14/2014 and it was documented the injured worker had slight improvement since last visit. He stated he still had pain in his back, almost every day, but the intensity varies based on type, duration and frequency of activity. He stated that he was doing home exercise on a regular basis. He was being seen for functional restoration, which was helping and using the over the counter "inflammatory" medication, as well as "compounding" cream. Physical examination of his lower back revealed he had diffuse tenderness across the paravertebral musculature in the lower back. He had tenderness over the facets. Straight leg raising was negative. Facet loading test was positive. Diagnosis included low back pain with radicular symptoms to left lower extremity, neural foraminal narrowing L3-4, L4-5, L5-S1 and lumbar discogenic disease, L3-4, L4-5 and L5-S1. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation One (1) Times Per Month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations Regarding Referrals

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Consultation, Chapter 6, page 163

Decision rationale: The request failed to include what type of consultation is required for the injured worker. American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. As such, the request for consultation one (1) times per month is not medically necessary.

Flurbiprofen 20%, Tramadol 20 % 30 GM #240 Grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics and Tramadol Page(s): page 72, page 111, page 82..

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...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. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration... A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The request that was submitted failed to include location where topical cream needs to be applied to injured worker. Furthermore, the injured worker did not have a diagnosis including neuropathic pain. As such, the request for Flurbiprofen 20%, Tramadol 20 % 30 GM #240 grams is not medically necessary.

Amitriptyline 10% Gabapentin 10% Dextromethorphan 10 % 30 GM #240 GM: 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 analgesics page 111, Lidocaine page 112, Antidepressants, page 13 Page(s): 111, 112, 13.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended this agent is not currently FDA approved for a topical application. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other ant epilepsy drugs: There is no evidence for use of any other ant epilepsy drug as a topical product. The request that was submitted failed to include frequency and duration of medication and location where topical cream is supposed to be applied to injured worker. As such, the request for Amitriptyline 10%, Gabapentin 10%, Dextromethorphan 10% 30 gm #40 gm is not medically necessary.

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRPs), Page(s): 49-50.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state functional restoration programs are recommended although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs, were originally developed by Mayer and were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. That there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. The guidelines also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. There appears to be little scientific evidence for the effectiveness of multidisciplinary bio psychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed

to low back pain and generalized pain syndromes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation submitted indicated injured worker was attending Functional Restoration Program. Furthermore, it was also stated that the Functional Restoration Program was helping and using over the counter "inflammatory" medication, as well as "compounding" cream. The provider indicate the rationale to request for additional Functional Restoration Program. As such, the request for Functional Restoration Program is not medically necessary.