

Case Number:	CM14-0168087		
Date Assigned:	10/15/2014	Date of Injury:	07/01/2008
Decision Date:	11/18/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Medicine and is licensed to practice in Ohio. 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 57-year-old male with a cumulative injury ending January 26, 2012. He has complaints of neck pain, left shoulder pain and low back pain. He has had right knee surgery in 2014 and was said to be doing well. Exam notation from August 29, 2014 states that the pain is usually 3-4/10 but occasionally 5-6/10. The injured worker uses Norco periodically, less than 2-3 per week. He does use transdermal cream creams where he gets most relief. The physical exam reveals an antalgic gait. Cervical range of motion is limited and painful with extension. There is exquisite tightness in the levator scapula muscles. The left shoulder reveals diminished range of motion, a positive impingement sign, and pain with retraction. There is tenderness to palpation of the thoracic/lumbar spine. The paraspinal musculature is slightly tight bilaterally. There is diminished lumbar range of motion. Upper and lower extremities have normal reflexes and sensation. The right knee reveals tenderness medially with a negative McMurray's sign. The diagnoses are left shoulder impingement, cervical discopathy, lumbar discopathy, cervical brachial syndrome, and patellar chondromalacia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The referenced guidelines state that, for those receiving chronic opioid therapy, there must be ongoing monitoring of pain relief, functionality, adverse medication reaction, and any aberrant drug taking behavior. Opioids may be continued if there is quantified pain relief and improved functionality and/or the injured worker has returned to work. In this instance, the injured worker is taking between 8 and 12 Norco tablets a month. Yet, the prescription for Norco provides a quantity of 120 Norco tablets, essentially a 10-15 month supply. The treating physician appears to be meeting with the patient every month or two, which would make such a large prescription unnecessary. Therefore, the quantity of Norco requested is excessive and thus Norco 10/325mg #120 is not medically necessary.

Flurbiprofen 20%/ Menthol 2/ Camphor 2%/ Capsaicin 0.025% 240gm: 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): 111-113.

Decision rationale: The referenced guidelines state that if one component of a compounded product is not recommended, then the entire compound is not recommended. The compound in question contains the anti-inflammatory Flurbiprofen and Capsaicin. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant of other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical Capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Regarding topical anti-inflammatories, the indications are osteoarthritis and tendinitis - in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). In this instance, there is no indication from the submitted medical record that other therapies have failed to the point where topical Capsaicin is required. Additionally, the use of topical analgesics and presumably those containing anti-inflammatories like Flurbiprofen have been in use for a period of time exceeding the recommended 12 weeks. Therefore, for Flurbiprofen 20%/ Menthol 2/ Camphor 2%/ Capsaicin 0.025% 240gm is not medically necessary.

Tramadol 20%/ Gabapentin 15%/ Amitriptyline 10% #240 gm: 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): 111-113.

Decision rationale: The referenced guidelines state that if one component of a compounded product is not recommended then the entire compound is not recommended. Topical Gabapentin is not recommended as there are no high quality studies supporting its use. Therefore, the topical compound Tramadol 20%/ Gabapentin 15%/ Amitriptyline 10% #240 gm is not medically necessary per the above referenced guidelines.