

Case Number:	CM14-0184439		
Date Assigned:	11/10/2014	Date of Injury:	07/30/2014
Decision Date:	12/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/04/2014

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 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:

This is a 35 year old male patient who sustained a work related injury on 7/30/2014. He sustained the injury due to cumulative trauma. The current diagnoses include cervical and lumbar musculoligamentous strain/sprain with radiculitis rule out discogenic disease, thoracic musculoligamentous strain/sprain, left shoulder tendinosis, and bilateral shoulder, right wrist, bilateral knee and ankle strain/sprain. Per the doctor's note dated 9/18/2014, patient had complaints of headaches, neck, back, bilateral shoulders/ wrists/hands, and bilateral lower extremity pain and depression/anxiety. Physical examination revealed tenderness over the C4, C5, C6 and C7, tenderness and muscle spasms at the bilateral paracervical/trapezius muscles, decreased cervical range of motion and positive cervical compression, muscle spasms and palpable trigger points in the bilateral mid/lower thoracic region with decreased range of motion and positive straight leg raising; bilateral shoulder- tenderness anteriorly and at the bilateral biceps muscles and acromioclavicular joint, decreased range of motion with positive Neer impingement on the right, bilateral wrist tenderness on the dorsal aspect, decreased bilateral anterolateral shoulder/arm sensation, bilateral knee tenderness anteriorly, medially and laterally as well as bilateral patella and ankle tenderness anteriorly, decreased sensation at the bilateral anterolateral thigh/ anterior knee/medial leg and foot. The medication list includes naproxen, cyclobenzaprine, fluriflex cream and transdermal TG cream. Prior diagnostic study reports were not specified in the records provided. Previous operative or procedure note related to the injury was not specified in the records provided. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs Page(s): 22; 67.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had low back, neck, bilateral upper and lower extremity pain. NSAIDs are considered first line treatment for pain and inflammation. The request for Naproxen 550mg #60 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

Transdermal Fluriflex Cream 180g: 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(s): 111-113.

Decision rationale: This is a compounded topical analgesic medication. It contains topical flurbiprofen and flexeril. The MTUS Chronic Pain Guidelines regarding topical analgesics state that it is "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants,...). (Argoff, 2006) 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." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flubiprofen (NSAID) is not recommended by MTUS for topical use as cited below because of the absence of high grade scientific evidence to support its effectiveness. Muscle relaxants in the topical form are not recommended by the cited guidelines. The medical necessity of Transdermal Fluriflex Cream 180g is not fully established for this patient.

Cyclobenzaprine 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use... This medication is not recommended to be used for longer than 2-3 weeks." According to the cited guidelines Cyclobenzaprine is recommended for short term therapy and not recommended for longer than 2-3 weeks. The level of the pain with and without medications is not specified in the records provided. The need for flexeril on a daily basis with lack of documented improvement in function is not fully established. Short term or prn use of Cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. However, the need for 60 tablets of Cyclobenzaprine 7.5 mg, as submitted, is not deemed medically necessary. The medical necessity of Cyclobenzaprine 7.5 mg #60 is not established for this patient.

Transdermal TGHOT Cream 180g: 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(s): 111-113.

Decision rationale: TGHOT cream contains topical tramadol, gabapentin, menthol, camphor and capsaicin. The cited Guidelines regarding topical analgesics state that it is "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants,...). (Argoff, 2006) 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... Topical NSAIDs - There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments... Gabapentin: Not recommended. There is no peer-reviewed literature to support use..." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records

provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tramadol and gabapentin are not recommended by the cited guidelines for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Transdermal TG Hot Cream 180g is not fully established for this patient.