MAXIMUS Federal Services

Case Number:	CM14-0184683		
Date Assigned:	11/12/2014	Date of Injury:	06/23/2014
Decision Date:	12/19/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/05/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 41-year-old female with complaints of neck pain. The date of injury is 06/23/14 and the mechanism of injury was not elicited. At the time of request for Tramadol, Compound cream: Flurbiprofen, Capsaicin, Camphor, and Compound cream: Ketoprofen, Cyclobenzaprine, Lidocaine, there is subjective (intermittent neck pain with radiculopathy to her left arm and her second and third digits with constant left hand and wrist pain with numbness and tingling in her right arm), objective (cervical spine exam showed an increased tone with associated tenderness about the left greater than right lower paracervical and trapezial muscles. Some guarding, positive Spurling on the left, equivocal Spurling's noted on the right. Positive cervical compression test. Hypersensitivity of the index and long finger on the left, and limited ROM of the left hand.), findings, imaging/other findings (cervical spine MRI dated 08/04/14 revealed multilevel discogenic disease at C3-4, C4-5 and C5-6 with resultant central canal stenosis, lateral recess and neural foraminal stenosis as described above. The findings are worse at C5-6. No evidence of cord compression although there is mass effect on the right anterolateral cord at C3-4 and ventrally at C5-6 as described), allergies (Medications and Norco are causing a skin allergy), current medications (Cyclobenzaprine HCL, Naproxen Sodium, Omeprazole, Hydrocodone), diagnoses (continuous trauma and cervical spine strain with radicular complaints), treatment to date (physical therapy with pain relief, acupuncture, Motrin with benefit. Norco and Flexeril did not help her much).The request was denied on 10/27/14 for Tramadol 150mg #60, Compound cream: Flurbiprofen, Capsaicin, Camphor 10/0.25/2/1% 120 grams, and Compound cream: Ketoprofen, Cyclobenzaprine, Lidocaine 10/3/5% 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84, 91-93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Pain (Chronic), Tramadol

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. In this case, there is no documentation of return to work. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use. There is no evidence of urine drug test in order to monitor compliance. Furthermore, concurrent use of Tramadol and antidepressants are not recommended due to risk of adverse reactions. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Tramadol has not been established based on guidelines and lack of documentation. The request is not medically necessary.

Compound cream: Flurbiprofen, Capsaicin, Camphor 10/0.25/2/1% 120 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 Topical Analgesics Page(s): 111.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents, as they are largely experimental. There is no research based evidence to demonstrate the long term efficacy of topical NSAIDs. The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is "Diclofenac (Voltaren 1% Gel)"; Flurbiprofen is not approved for topical use. Topical analgesics Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Finally, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the absence of documented failure of other medication and any significant treatment intolerance as well as the

inclusion of non-recommended topical drugs, the request for Compound cream: Flurbiprofen, Capsaicin, Camphor is not medically necessary.

Compound cream: Ketoprofen, cyclobenzaprine, lidocaine 10/3/5% 120 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 Topical Analgesics Page(s): 111.

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS guidelines, muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is "Diclofenac (Voltaren 1% Gel)." Ketoprofen is not recommended for topical use. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request for Compound cream: Ketoprofen, Cyclobenzaprine, Lidocaine is not medically necessary.