

Case Number:	CM14-0094034		
Date Assigned:	07/25/2014	Date of Injury:	02/23/2012
Decision Date:	09/22/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/20/2014

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 Management and is licensed to practice in Tennessee. 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 43 year-old male patient with a 2/23/2012 date of injury. The mechanism of injury was not described. The documentation shows the patient being treated for chronic low back pain, and was status post bilateral L4-5 and L5-S1 laminotomy and microdecompression on 1/2/2014. On a progress report dated 5/13/14 the patient had complaints of frequent low back pain rated at 5-9/10 on a VAS scale, tingling in his right foot, discomfort at the surgical site, and problems sleeping. At this time the patient stated that the Soma and the tramadol were not helping with his pain. Physical examination revealed lumbar paraspinal spasms and tenderness, decreased lumbar spine ROM, and mild weakness in the extensor hallucis longus and tibialis anterior muscle groups. The diagnostic impression is status post laminotomy and microdecompression, chronic low back pain, anxiety and depression secondary to orthopedic injury, and lumbar spine myofascial pain. Treatment to date: Lumbar ESIs, surgery, physical therapy, chiropractic treatments, and medication management. A UR decision dated 6/16/14 denied the requests for Soma 350mg #60, Tylenol #3 300-30mg, Flurbiprofen 20% cream 120gm, Ketoprofen 20%/ Ketamine 10% cream 120gm, and Gabapentin 10%/ Cyclobenzaprine 10%/ Capsaicin 0.0375% cream 120 gm. The rationale for denial of Soma was that CA MTUS guidelines do not recommend its use. This medication is not for long-term use. Withdrawal can occur with abrupt discontinuation; therefore tapering should be individualized for each patient. The rationale for denial of Tylenol #3 was that CA MTUS guidelines state that codeine is used with Tylenol for mild to moderate pain. The patient had been prescribed multiple opioid medications since 12/2012 without evidence of significant and sustained improvement in pain, function, or quality of life. The rationale for denial of Flurbiprofen 20% cream, Ketoprofen 20% / Ketamine 10% cream, and Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% cream was that CA MTUS guidelines do not support the use of topical analgesics. They are experimental in use

without controlled trials to determine efficacy and safety. The documentation failed to reveal evidence suggesting that all primary and secondary treatment for neuropathic pain had been exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Soma 350 mg # 60 (through [REDACTED]) between 05/13/2014 and 09/17/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29, 65.

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. CA MTUS guidelines do not recommend the use of Soma (carisoprodol). This drug has been used by regular abusers to augment the effects of alcohol, benzodiazepines, tramadol, hydrocodone, and codeine to produce euphoria. It is unclear from the documentation how long the patient has been taking Soma. The sedative effects of Soma can add to this patient's depression. Withdrawal symptoms can occur from abrupt discontinuation and weaning should be considered. Therefore, the request for 1 prescription of Soma 350mg #60 (through [REDACTED]) between 5/13/2014 and 9/17/2014 is not medically necessary.

1 prescription of Tylenol # 3 300-30 mg (through [REDACTED]) between 05/13/2014 and 09/17/2014: 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 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient has been on multiple opioid agents since 12/2012. There is no documentation in the report of any significant improvements in the patients' pain, functionality, or quality of life. CA MTUS guidelines require the long-term use of opioid medications to show improvement in pain

and functionality. Furthermore, a urine drug screen dated 12/19/13 was inconsistent for hydrocodone suggesting non-compliance. Therefore, the request for 1 prescription of Tylenol #3 300-30mg (through [REDACTED]) between 5/13/2014 and 9/17/2014 is not medically necessary.

1 prescription of flurbiprofen 20% cream, 120 gm (through [REDACTED]) between 05/13/2014 and 09/17/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 25,28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is an NSAID. The CA MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when first-line oral antidepressants and anticonvulsants have been tried and failed. However, there is no evidence in the reports of any of these trials. Therefore, the request for Flurbiprofen 20% cream, 120gm (through [REDACTED] between 5/13/2014 and 9/17/2014 is not medically necessary.

1 prescription of ketoprofen 20%/ketamine 10% cream, 120 gm (through [REDACTED]) between 05/13/2014 and 09/17/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 25,28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is a non-steroidal anti-inflammatory agent. Its topical application is not supported by CA MTUS guidelines because it has not been approved by the FDA. Ketoprofen is also noted to have an extremely high incidence of photo contact dermatitis. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. The exact mechanism of action remains undetermined. Therefore, the

request for ketoprofen 20% / Ketamine 10% cream 120gm (through [REDACTED]
[REDACTED]) between 5/13/2014 and 9/17/2014 is not medically necessary.

1 prescription of gabapentin 10%/cyclobenzaprine 1-%/capsaicin 0.0375 cream, 120 gm (through [REDACTED]) between 05/13/2014 and 09/17/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is an anticonvulsant agent. Its oral use is first-line therapy for treatment of neuropathic pain. Topical use is not recommended unless it has been tried and failed orally. There was no evidence in the reports of any such failures. Cyclobenzaprine is a centrally acting sedating muscle relaxant. CA MTUS guidelines do not recommend its use because there are no randomized controlled studies to determine its efficacy or safety. Capsaicin is not recommended to be used in an amount greater than 0.025%. The cream requested is 0.0375% 0.0125% greater than the recommended limit. Furthermore, any compounded product that contains at least one of the drugs or drug class that is not recommended is not recommended. Therefore, the request for gabapentin 10% / cyclobenzaprine 1% / capsaicin 0.0375% cream, 120gm (through [REDACTED]) between 5/13/2014 and 9/17/2014 is not medically necessary.