

Case Number:	CM14-0096974		
Date Assigned:	09/16/2014	Date of Injury:	03/06/2014
Decision Date:	10/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

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 57-year-old male patient who is diagnosed with neck sprain and strain, brachial neuritis or radiculitis and muscle spasms. His date of injury is 3/6/2014, seven (7) months ago. The patient was in a motor vehicle accident in 2010, he suffered injury to his midback due to being rear-ended. The patient received physical therapy and fully recovered. The patient currently complains of moderate, sometimes severe low back pain as well as moderate neck pain. The patient complains that neck pain radiates to his head and shoulders and is accompanied by numbness and pins and needles tingling. His low back pain radiates into bilateral legs and is accompanied by numbness, tingling, burning sensation, and weakness. The pain increases when bending back and forth, turning from right to left, lifting objections, prolonged sitting and standing and laying face up. It is relieved by rest. The patient complains of headaches, ringing in the ears and dizziness. He is well nourished and well developed, alert and oriented, and cooperative. Patient moves cautiously. The patient states his pain is relieved well with his current medication. The objective findings on examination included cervical spine shows hypolordosis and normal head carriage. He has tenderness to palpation with spasms of the bilateral suboccipitals and upper trapezius muscles, as well as tenderness to palpation over the spinous process from C6 to C7. Reflexes are all equal and symmetrical. The lumbar spine inspection reveals hypolordosis. No ecchymosis, no abrasions, no inflammation, no laceration, and no surgical scars. Lumbar range of motion is as follows: flexion 30 degrees, extension 5 degrees, right flexion 20 degrees, and left flexion 10 degrees. There was decreased sensation to light touch of the calves and right lateral thigh. Patellar L1 and Achilles S1 reflexes are equal and symmetrical. Current medication includes: cyclobenzaprine 5 mg, Naproxen 550mg, Tramadol ER 150mg, and Norco 2.5/325mg. Review of 2 MRIs and an upper extremity Electrodiagnostic study was noted. The treating diagnoses included: Cervical spine sprain/strain with radiculitis

and myospasms; Lumbar spine sprain/strain with radiculitis; Cervical spine multi-level disc protrusions; Cervical spine disc desiccation; Lumbar spine multi-level disc protrusions; Lumbar spine retrolisthesis; Lumbar spine anterolisthesis; Lumbar spine disc desiccation; Cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 210 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; 128, Chronic Pain Treatment Guidelines anti-inflammatory medications; muscle relaxants ; topical analgesics Page(s): 22, 67-68; 63; 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-cyclobenzaprine; capsaicin; muscle relaxants; topical analgesics; topical analgesics compounded

Decision rationale: The prescription for the topical analgesic gel Flurbiprofen 20% 210 g is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with no assessment of functional improvement. The patient is stated to have reduced pain with the topical creams, however, there is no functional assessment, and no quantitative decrease in pain documented. The use of topical NSAIDS is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDS. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical NSAID Flurbiprofen 20% gel 210 g is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain to multiple body sites. The use of the topical gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Flurbiprofen 20% gel 210 g not supported by the

applicable evidence based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The prescription for Flurbiprofen 20% gel 210 g is not medically necessary for the treatment of the patient's chronic pain complaints. The prescription of Flurbiprofen 20% gel 210 g is not recommended by the CA MTUS, ACOEM guidelines, and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of for the treatment of chronic pain.

Gabapentin 210 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs; specific anti-epilepsy drugs gabapentin ; chronic pain chapter 8/8/2008 Pag. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter- medications for chronic pain

Decision rationale: The treating physician has prescribed gabapentin topical cream 210 grams to the patient along with opioids for the treatment of neuropathic pain over a prolonged period of time. The treating physician is noted decreased pain with the use of gabapentin as the opioids have been titrated down over a period of time. There is documentation of functional improvement with the prescription of the gabapentin topical cream. There is documented objective evidence of a nerve impingement radiculopathy. The treating physician has provided this medication for the daily management of this patient's chronic pain. The prescription of Gabapentin (Neurontin) is recommended for neuropathic pain; however, the ACOEM Guidelines. Gabapentin or pregabalin is not recommended for treatment of chronic, non-neuropathic pain by the ACOEM Guidelines. The ACOEM Guidelines revised chronic pain chapter states that there is insufficient evidence for the use of Gabapentin for chronic neck pain. The CA MTUS and the Official Disability Guidelines state that there is insufficient evidence to support the use of Gabapentin for the treatment of chronic axial lower back pain and neck pain. The prescription of Gabapentin for neuropathic pain was not supported with objective findings on physical examination. There was objective evidence that the recommended conservative treatment with the recommended medications have been provided prior to the prescription of Gabapentin for chronic pain. The use of Gabapentin/Lyrica should be for neuropathic pain. Presently, there is documented objective evidence of neuropathic pain for which the use of Gabapentin is recommended. The patient has demonstrated neuropathic pain secondary to a nerve impingement neuropathy as neuropathic pain for which Gabapentin/Lyrica is recommended. The prescription of Gabapentin is recommended for neuropathic pain and is used to treat postherpetic neuralgia and painful polyneuropathy such as diabetic polyneuropathy. Anti-epilepsy drugs (AEDs) are recommended on a trial basis (Lyrica/gabapentin/pregabalin) as a first-line therapy for painful polyneuropathy, such as, diabetic polyneuropathy. The updated chapter of the ACOEM Guidelines does not recommend the use of Lyrica or Gabapentin

(Neurontin) for the treatment of axial back pain or back pain without radiculopathy. The use of Gabapentin is for neuropathic pain; however, evidence based guidelines do not recommend the prescription of Gabapentin for chronic lower back pain with a subjective or objective radiculopathy and favors alternative treatment. The request for gabapentin 600 mg #60 b.i.d. is demonstrated to be medically necessary. The prescription for the topical analgesic Gabapentin 210 grams is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream.

There is no documented efficacy of the prescribed topical compounded analgesics with no assessment of functional improvement. The patient is stated to have reduced pain with the topical creams, however, there is no functional assessment, and no quantitative decrease in pain documented. There is no demonstrated medical necessity for the topical analgesic gabapentin 210 g as prescribed.

