

Case Number:	CM14-0212775		
Date Assigned:	12/30/2014	Date of Injury:	03/10/2006
Decision Date:	03/04/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 patient is a 66 year old male who was injured on 3/10/2006. The diagnoses are lumbar spinal stenosis, cervical stenosis, status post lumbar discectomy, neck and low back pain. There are associated diagnoses of anxiety and depression. On 10/31/2016 there was subjective complaint of low back pain associated with numbness and tingling of the lower extremities. The pain score is rated at 2-7/10 on a scale of 0 to 10. The physical examination showed tenderness over the lumbar paraspinal muscles. The toe and heel walk is normal. The reflexes, motor and sensory tests was reported as normal. The provocative tests are negative. The medications listed are Norco, Soma, Lyrica, Ultram, Flexeril and topical compound analgesic products. The plan was to switch the patient from Norco to Tramadol and from Soma to Flexeril because of controlled substances reclassification. The records did show prescriptions for Lorazepam, Venlafaxine, Trazodone and Citalopram from Mental Health. The records showed that UDS was done but a detailed report was not provided for this review. A Utilization Review determination was rendered on 11/24/2014 recommending non certification for topical gabapentin / cyclobenzaprine/ ketoprofen/ capsaicin/ menthol / camphor cream 120gm, topical flurbiprofen/baclofen/cyclobenzaprine cream 120gm, Norco 10/325mg #75, Flexeril 10mg #60 RF 3, Ultram 50mg #60 RF 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin/Menthol/Camphor Cream 120gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Compound Analgesics

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical products can be utilized for the treatment of localized neuropathic pain when treatments with first line oral anticonvulsant and antidepressant medications have failed. The records did not show subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The patient was diagnosed with musculoskeletal pain in several body regions. The records did not show failure of orally administered first line medications as the patient is utilizing Lyrica and Venlafaxine concurrently. The guidelines recommend that topical products be utilized individually for effective evaluation of efficacy. There is no guidelines support for the topical administration of gabapentin, cyclobenzaprine, camphor or menthol for the long term treatment of chronic musculoskeletal pain. The criteria for the use of gabapentin / cyclobenzaprine / ketoprofen / capsaicin / menthol / camphor cream in 120 gm was not met.

Flurbiprofen/Baclofen/Cyclobenzaprine Cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Compound Topical Analgesics

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical products can be utilized for the treatment of localized neuropathic pain when treatments with first line oral anticonvulsant and antidepressant medications have failed. The records did not show subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The patient was diagnosed with musculoskeletal pain in several body regions. The records did not show failure of orally administered first line medications as the patient is utilizing Lyrica and Venlafaxine concurrently. The guidelines recommend that topical products be utilized individually for effective evaluation of efficacy. There is no guidelines support for the topical administration of baclofen or cyclobenzaprine for the long term treatment of chronic musculoskeletal pain. The patient is utilizing multiple products containing NSAIDs and cyclobenzaprine thereby increasing the risk of medication adverse effects. The criteria for the use of flurbiprofen / baclofen / cyclobenzaprine cream 120 gm was not met.

Norco 10/325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction, sedation and adverse interaction with other sedatives. The records show that the patient is utilizing multiple opioids, muscle relaxants and sedative psychiatric medications concurrently. There is lack of detailed documentation of guidelines required UDS, absence of aberrant behavior or adverse effects, Pills count and functional restoration. The clinical presentation did not show subjective or objective findings consistent with exacerbation of severe musculoskeletal pain. The records show that the Norco was being discontinued due to controlled substances scheduling changes. The criteria for the use of Norco 10/325mg #75 was not met.

Flexeril 10mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants

Decision rationale: The CA MTUS and the ODG guidelines recommend that that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and other sedatives. The records show that the patient had utilized muscle relaxants longer that the guidelines recommended maximum period of 4 weeks. The patient is also utilizing multiple opioids, sedatives and sedative psychiatric medications concurrently. The records did not show the guidelines required compliance monitoring with UDS, Pills count and functional restoration. The patient was also utilizing several topical products containing cyclobenzaprine. The criteria for the use of Flexeril 10mg #60 3 Refills was not met.

Ultram 50mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111,113,119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction, sedation and adverse interaction with other sedatives. The records show that the patient is utilizing multiple opioids, muscle relaxants and sedative psychiatric medications concurrently. There is lack of detailed documentation of guidelines required UDS, absence of aberrant behavior or adverse effects, Pills count and functional restoration. The clinical presentation did not show subjective or objective findings consistent with exacerbation of severe musculoskeletal pain. The records show that Norco was being discontinued while Ultram was started due to controlled substances scheduling changes. The guideline does not recommend refills of opioid medications because of the required documentation of regular clinic evaluations and limitation of use for the treatment of exacerbation of pain. The criteria for the use of Ultram 50mg #60 with 3 refills was not met.