

Case Number:	CM14-0219141		
Date Assigned:	01/09/2015	Date of Injury:	04/23/2001
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/31/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 59 year old male who sustained a work related injury April 23, 2001. Past medical history included hypertension, diabetes, thyroid condition, high cholesterol, cardia bypass surgery 2001, and partial large intestine removal and colostomy (unspecified) in 2010. According to a secondary treating physician's progress report dated November 26, 2014, the injured worker presented for a follow-up visit regarding on-going lower back pain. The pain is over the left buttock radiating to posterior and lateral aspect of the left thigh with numbness and tingling progressively increasing in severity, rated 9/10. This is most noted while standing on uneven surfaces, while climbing up stairs or standing up from a seated position. Further physician documentation includes severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral thigh. Gaenslen's and Patrick Fabre tests were positive and sacroiliac joint thrust positive. Diagnoses are lumbar sprain/strain, lumbar paraspinal muscle spasms/disc herniation, lumbar radiculitis/radiculopathy lower extremities and sacrolitis of left sacroiliac joint. Treatment plan included request for authorization for joint injection, prescription for Norco, Topical Compounds, and Terocin Patch. According to utilization review performed December 23, 2014, the request for Norco 10/325mg #120 was modified to Norco 10/325mg #68, noting the MTUS Chronic Pain Medical Treatment Guidelines, Opioids. Regarding the request for Topical Compound Flurbiprofen/Capsaicin25/0.025% Cream #180gm was non-certified, MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Compounded. Regarding the request for Topical Compound Gabapentin/Ketoprofen/Tramadol/Cyclobenzaprine 10/10/5/2% Cream

#180gm was non-certified, MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Compounded.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient is a 60 year old male with an injury date of 04/23/01. The 11/26/14 report states that the patient presents with lower back pain radiating to the bilateral lower extremities and to the left buttock along with severe left SI joint inflammation with pain radiating to the thigh. The current request is for 1 PRESCRIPTION OF NORCO 10/325 mg #120; Hydrocodone, an opioid, per the 11/26/14 report. The 12/23/14 utilization review modified this request from #120 to #68. The reports do not state if the patient is working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient's diagnoses include: lumbar sprain strain with muscle spasms and disc herniation and radiculopathy of the lower extremities; and Sacroiliitis of the left SI joint. The reports provided for independent review do not state how long the patient has been prescribed Norco. It is listed only on the 11/26/14 report. The 05/29/14 report states the patient is taking unspecified pain medications. However, the utilization review states documentation shows use of these medications since May 2011. In this case, analgesia is not documented. Pain scales are not routinely used to assess pain. The 05/29/14 report states pain is 8/10 and the 11/26/14 report states pain is 9/10. However, pain scales are not used in reports from 06/23/14 to 10/13/14 and it is unclear if pain is with or without medications and how Norco helps the patient. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not discussed. No UDS's are documented or provided for review, and there is no mention of CURES. Adverse side effects and adverse behavior are not discussed. No outcome measures are provided. In this case, the 4A's have not been documented as required by MTUS. The request IS NOT medically necessary.

1 PRESCRIPTION OF THE TOPICAL COMPOUND FLURBIPROFEN/CAPSAICIN 25/0.025% CREAM #180GM: Upheld

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

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

Decision rationale: The patient is a 60 year old male with an injury date of 04/23/01. The 11/26/14 report states that the patient presents with lower back pain radiating to the bilateral lower extremities, to the left buttock along with severe left SI joint inflammation with pain radiating to the thigh. The current request is for 1 PRESCRIPTION OF THE TOPICAL COMPOUND FLURBIPROFEN/CAPSAICIN 25/0.025% CREAM #180 gm per the 11/26/14 report. The reports do not state if the patient is working. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. MTUS, Capsaicin, topical, page 29 states, "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." The MTUS has the following regarding topical creams (page 111, chronic pain section): "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." The patient's diagnoses include: lumbar sprain strain with muscle spasms and disc herniation and radiculopathy of the lower extremities; and Sacroiliitis of the left SI joint. The reports provided show the patient has been prescribed this medication since at least 06/23/14. The 11/26/14 report states regarding prescribed topical creams that they have been effective in decreasing pain range of motion and activity level and that they are for use over multiple areas. The treater states this medication is for inner problems due to intake of tablets and is to decrease the intake of oral medications and narcotics. In this case, this medication contains Flurbiprofen, an NSAID that is indicated for peripheral joint arthritis/tendinitis which is not documented for this patient. Therefore, this compounded product is not recommended and the request IS NOT medically necessary.

1 PRESCRIPTION OF THE TOPICAL COMPOUND

GABAPENTIN/KETOPROFEN/TRAMADOL/CYCLOBENZAPRINE 10/10//2% cream #180gm: 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 analgesic Page(s): 111-113.

Decision rationale: The patient is a 60 year old male with an injury date of 04/23/01. The 11/26/14 report states that the patient presents with lower back pain radiating to the bilateral lower extremities, to the left buttock along with severe left SI joint inflammation with pain radiating to the thigh. The current request is for 1 PRESCRIPTION OF THE TOPICAL COMPOUND GABAPENTIN/KETOPROFEN/TRAMADOL/CYCLOBENZAPRINE

10/10/2% CREAM #180 gm per the 11/26/14 report. The reports do not state if the patient is working. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "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 further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." The patient's diagnoses include: lumbar sprain strain with muscle spasms and disc herniation and radiculopathy of the lower extremities; and Sacroiliitis of the left SI joint. The reports provided show the patient has been prescribed this medication since at least 06/23/14. The 11/26/14 report states regarding prescribed topical creams that they have been effective in decreasing pain, range of motion and activity level and that they are for use over multiple areas. The treater states this medication is for inner problems due to intake of tablets and is to decrease the intake of oral medications and narcotics. However, the requested topical cream contains Tramadol which is an opioid. For ongoing opioid usage the MTUS guidelines require documentation of the 4 As (Analgesia, ADL's, adverse side effects and aberrant behavior). The required documentation for opioid usage is not found in the records provided. Furthermore, Gabapentin is specifically not recommended under the topical cream section of MTUS and Ketoprofen is not FDA approved for topical formulation. Cyclobenzaprine is also not approved for topical formulation. The request IS NOT medically necessary.