

Case Number:	CM15-0002207		
Date Assigned:	01/13/2015	Date of Injury:	07/11/2002
Decision Date:	03/13/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/05/2015

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 67-year-old male who reported an injury on 07/11/2002, due to repetitive trauma while performing normal job duties. The injured worker's diagnoses included cervical discopathy with disc displacement, cervical radiculopathy, lumbar discopathy with disc displacement, and lumbar radiculopathy, and bilateral sacroiliac arthropathy. The injured worker's medications included Anaprox DS, Dural, Fexmed, Norco, Paxil, Prilosec, and Ultram. It was also noted that the injured worker was using a compounded topical agent that included flurbiprofen 25%, menthol 10%, camphor 3%, and capsaicin 0.035%. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 10/20/2014. The injured worker complained of pain with motion. It was noted that the injured worker's compounded medications were somewhat helpful in alleviating most of the pain. Physical examination findings included tenderness to palpation of the cervical spinal musculature, with decreased range of motion secondary to pain and stiffness, with a positive Spurling's sign to the right side. Evaluation of the lumbar spine revealed tenderness to palpation of the lumbar paraspinal musculature with decreased range of motion secondary to pain and stiffness, with a positive straight leg raising test bilaterally at 20 degrees. The injured worker also had tenderness to palpation of the bilateral sacroiliac joints, with a positive Faber's and Patrick's maneuver. The injured worker's treatment plan included continuation of medications, and application of compounded creams to the affected areas. No request for authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Cyclobenzaprine 10%, Tramadol 10% topical cream 15gm (11/20/14):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms,2009 - Elsevier

Decision rationale: The request for retrospective cyclobenzaprine 10%, tramadol 10% topical cream, 15 gm on 11/20/14, is not medically necessary or appropriate. The clinical documentation did not include an examination from 11/20/2014. The California Medical Treatment Utilization Schedule does not recommend the use of cyclobenzaprine as a topical agent. Furthermore, peer reviewed literature does not support the use of tramadol or other opioids for topical application. Although the injured worker has been on this medication for an extended period of time, and appears to be effectively assisting with pain control, the California Medical Treatment Utilization Schedule does not recommend any topical medication that contains at least 1 medication that is not recommended. Furthermore, the request as it is submitted does not include a body part or frequency of application. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the RETROSPECTIVE Cyclobenzaprine 10%, Tramadol 10% topical cream 15gm (11/20/14) is not medically necessary or appropriate.

RETROSPECTIVE Cyclobenzaprine 10%, Tramadol 10% topical cream 15gm (11/20/14):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms,2009 - Elsevier

Decision rationale: The request for retrospective cyclobenzaprine 10%, tramadol 10% topical cream, 15 gm on 11/20/14, is not medically necessary or appropriate. The clinical documentation did not include an examination from 11/20/2014. The California Medical Treatment Utilization Schedule does not recommend the use of cyclobenzaprine as a topical agent. Furthermore, peer reviewed literature does not support the use of tramadol or other

opioids for topical application. Although the injured worker has been on this medication for an extended period of time, and appears to be effectively assisting with pain control, the California Medical Treatment Utilization Schedule does not recommend any topical medication that contains at least 1 medication that is not recommended. Furthermore, the request as it is submitted does not include a body part or frequency of application. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the RETROSPECTIVE Cyclobenzaprine 10%, Tramadol 10% topical cream 15gm (11/20/14) is not medically necessary or appropriate.

RETROSPECTIVE 90 Nalfon 400mg (11/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The retrospective request for #90 Nalfon 400 mg (11/20/14), is not medically necessary or appropriate. The clinical documentation submitted for review did not include a note from 11/20/2014. The clinical documentation did indicate that the injured worker had been on this medication since at least 06/2014. However, the clinical documentation did not provide any indication of significant pain or functional improvement resulting from the use of this medication. Therefore, continued use would not be supported. Furthermore, the request as it is submitted does not provide a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the retrospective request for 90 Nalfon 400 mg (11/20/2014) is not medically necessary or appropriate.

RETROSPECTIVE 45 tablets Paxil 20mg (11/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

Decision rationale: The retrospective request for 45 tablets of Paxil 20 mg, for 11/20/2014, is not medically necessary or appropriate. The clinical documentation submitted for review did not include an evaluation from 11/20/2014. The California Medical Treatment Utilization Schedule recommends the ongoing use of antidepressants should be by and documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence of pain relief or functional benefit resulting from the medication usage. It appears the injured worker has been on this medication since at least 06/2014. Furthermore, the request as it is submitted does not clearly identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the retrospective request for 45 tablets of Paxil 20 mg, 11/20/2014, is not medically necessary or appropriate.

RETROSPECTIVE 60 Fexmid 75mg (11/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: The retrospective request for 60 tablets of Fexmid 75 mg, from 11/20 2014, is not medically necessary or appropriate. The clinical documentation submitted for review does not include an evaluation from 11/20/2014. The California Medical Treatment Utilization Schedule does not recommend the long term use of muscle relaxants. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 06/2014. There are no exceptional factors to support extending treatment beyond guideline recommendations. Furthermore, the request as it is submitted does not clearly identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the retrospective request for 60 Fexmid 75 mg on 11/20/2104, is not medically necessary or appropriate.

RETROSPECTIVE Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% topical cream 30gm (11/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The retrospective request for flurbiprofen 25%, menthol 10%, camphor 3%, capsaicin 0.0375% topical cream 30 gm on 11/20/14 is not medically necessary or appropriate. No clinical documentation from 11/20/2014 was submitted to support the request. The California Medical Treatment Utilization Schedule does not recommend the long term use of nonsteroidal anti-inflammatory drugs as topical analgesics. The California Medical Treatment Utilization Schedule does recommend the use of menthol and camphor as a topical agent. The California Medical Treatment Utilization Schedule does not recommend the use of capsaicin in a formulation of 0.035%, as there is no indication that it is more effective than a lesser percentage of medication. The California Medical Treatment Utilization Schedule does not recommend the use of any topical medication that contains any drug or drug class that is not recommended. Furthermore, the request as it is submitted does not provide a frequency of application or body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested retrospective request for flurbiprofen 25%, menthol 10%, camphor 3%, capsaicin 0.0375% topical cream 30 gm for 11/20/14 is not medically necessary or appropriate.

RETROSPECTIVE Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% topical cream 30gm (11/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The retrospective request for flurbiprofen 25%, menthol 10%, camphor 3%, capsaicin 0.0375% topical cream 30 gm on 11/20/14 is not medically necessary or appropriate. No clinical documentation from 11/20/2014 was submitted to support the request. The California Medical Treatment Utilization Schedule does not recommend the long term use of nonsteroidal anti-inflammatory drugs as topical analgesics. The California Medical Treatment Utilization Schedule does recommend the use of menthol and camphor as a topical agent. The California Medical Treatment Utilization Schedule does not recommend the use of capsaicin in a formulation of 0.035%, as there is no indication that it is more effective than a lesser percentage of medication. The California Medical Treatment Utilization Schedule does not recommend the use of any topical medication that contains any drug or drug class that is not recommended. Furthermore, the request as it is submitted does not provide a frequency of application or body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested retrospective request for flurbiprofen 25%, menthol 10%, camphor 3%, capsaicin 0.0375% topical cream 30 gm for 11/20/14 is not medically necessary or appropriate.

RETROSPECTIVE 45 Ultram ER 150 (11/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The retrospective request for 45 Ultram ER 150, 11/20/2014, is not medically necessary or appropriate. The clinical documentation submitted for review did not include any clinical documentation from 11/20/2014 to support the request. The clinical documentation indicates that the injured worker has been on this medication since at least 06/2014. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids be supported by documented functional relief, management of side effects, increased functional benefit, and evidence that the patient is monitored for aberrant behavior. The clinical documentation did include that the injured worker is monitored for aberrant behavior with urine drug screens. However, there was no clinical documentation from 11/20/2014 to support functional benefit or pain relief. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the retrospective request for 45 Ultram ER 150 on 11/20/2014, is not medically necessary or appropriate.

RETROSPECTIVE 60 Norco 10/325mg (11/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The retrospective request for 60 Norco 10/325 mg on 11/20/2014, is not medically necessary or appropriate. The clinical documentation submitted for review did not include any clinical documentation from 11/20/2014 to support the request. The clinical documentation indicates that the injured worker has been on this medication since at least 06/2014. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids be supported by documented functional relief, management of side effects, increased functional benefit, and evidence that the patient is monitored for aberrant behavior. The clinical documentation did include that the injured worker is monitored for aberrant behavior with urine drug screens. However, there was no clinical documentation from 11/20/2014 to support functional benefit or pain relief. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the retrospective request for 60 Norco 10/325 mg on 11/20/2014, is not medically necessary or appropriate.