

Case Number:	CM15-0011577		
Date Assigned:	01/29/2015	Date of Injury:	08/14/2013
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/21/2015

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 55 year old male, who sustained an industrial injury on August 14, 2013. He has reported injury to his back, neck and right knee. The diagnoses have included headache, cervical disc protrusion, cervical sprain/strain, cervicgia, thoracic disc protrusion, thoracic sprain/strain, lumbago, lumbar disc protrusion, lumbar sprain/strain, right knee chondromalacia and right knee medial meniscus tear. Treatment to date has included injections, physical therapy, medication, chiropractic care and acupuncture. Currently, the injured worker complains of intermittent headaches rated as a 4-5 on the 1-10 pain scale. He has constant neck pain rated as a 6-7 and constant severe upper/mid back pain also rated as a 6-7. His low back pain is rated as a 6 and increases with bending, twisting, stooping and squatting. The injured worker also complains of intermittent moderate right knee pain rated as a 5-6. This pain is associated with cold weather, movement, sudden movement, prolonged standing, prolonged walking, bending and kneeling. There is also a complaint of loss of sleep due to the pain. On January 7, 2015, Utilization Review non-certified Flurbiprofen 20%/Tramadol 20% in mediderm base 30 grams, Gabapentin 10%, Dextromethorphan 10%/Amitriptyline 10% in mediderm base 30 grams, Gabapentin 10% Amyit and Norco 10/325 milligrams #90, noting the MTUS Guidelines. On January 21, 2015, the injured worker submitted an application for Independent Medical Review for review of Flurbiprofen 20%/Tramadol 20% in mediderm base 30 grams, Gabapentin 10%, Dextromethorphan 10%/Amitriptyline 10% in mediderm base 30 grams, Gabapentin 10% Amyit and Norco 10/325 milligrams #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Tramadol 20% in mediderm base 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Compounded medications.

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

Decision rationale: This patient presents with neck pain, thoracic spine pain, and right knee pain. The treater has asked for FLURIBPROFEN 20%/TRAMADOL 20% IN MEDIDERM BASE 30GM on 9/24/14. The utilization review letter states there is no documented prior trial of medicated creams. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The patient's work status is not included in the provided documentation. In this case, the patient does present with knee pains for which topical NSAIDs may be indicated. However, this compound contains Tramadol which is not discussed in any of the guidelines for a topical use. There is no support that Tramadol is an effective topical agent. The request IS NOT medically necessary.

Gabapentin 10%/ Dextromethorphan 10%/ Amitriptyline 10% in mediderm base 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Compounded medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic. Medications for chronic pain Page(s): 111-113, 60.

Decision rationale: This patient presents with neck pain, thoracic spine pain, and right knee pain. The treater has asked for GABAPENTIN 10%/DEXTROMETHORPHAN 10%/AMITRIPTYLINE 10% IN MEDIDERM BASE 30MG on 9/24/14. The utilization review letter states there is no documented prior trial of medicated creams. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The patient's work status is not included in the provided documentation. In this case, the patient does present with knee pains for which topical NSAIDs may be indicated. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be

recorded. The current request has a compounded topical cream already approved. MTUS recommends that one medication be trialed at a time. The request IS NOT medically necessary.

Gabapentin 10%, Amyit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Compounded medications.

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

Decision rationale: This patient presents with neck pain, thoracic spine pain, and right knee pain. The treater has asked for GABAPENTIN 10%, AMYIT on 9/24/14. The utilization review letter states there is no documented prior trial of any medicated creams. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The patient's work status is not included in the provided documentation. In this case, this compounded product contains gabapentin and Elavil which are not supported by the guidelines for a topical use. The request IS NOT medically necessary.

Norco 10/325mg (90 tabs): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: This patient presents with neck pain, thoracic spine pain, and right knee pain. The treater has asked for NORCO 10/325MG - 90 TABS on 9/24/14. Review of records show that the patient does not have prior use of Norco, as the urine drug screen on 6/4/14 showed no evidence of Hydrocodone or any other opioids. For chronic opioids use, 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 work status is not included in the provided documentation. In this case, the patient has chronic back pain and is currently not taking any opioids. The treater has asked for a trial of an opiate to address the patient's chronic pain. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of

pain and function should be recorded. Given MTUS support for a trial of opiate, the requested Norco IS medically necessary.