

Case Number:	CM15-0113604		
Date Assigned:	06/22/2015	Date of Injury:	04/29/2004
Decision Date:	07/28/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 55 year old male patient who sustained an industrial injury on 04/29/2004. Current diagnosis includes status post posterior lumbar interbody fusion L3-4, L4-5, and L5-S1. He sustained the injury when going from a kneeling position to a standing position with an 80lb sack of lemons. Per the doctor's note dated 04/22/2015 he had complaints of persistent aching pain in the low back and aching pain in the bilateral legs. Pain level was 6-7 (low back) and 5 (bilateral legs) out of 10 on a visual analog scale (VAS). Physical examination revealed tenderness in the paraspinous musculature of the lumbar region, mid-line tenderness in the lumbar region, decreased range of motion, and decreased sensation. The medications list includes tylenol#3, alprazolam and topical compound analgesic cream. Previous treatments included medication management, chiropractic, epidural injections, and lumbar fusion on 02/17/2007. He has had urine drug screening performed on 03/25/2015, which was inconsistent for codeine and alprazolam. The treatment plan included prescribing Tylenol #3 for pain and Flurbiprofen 15%/Gabapentin 10%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% cream for immediate pain relief, and return in 6 weeks for re-evaluation. Disputed treatments include Tylenol #3, #60 and Flurbiprofen 15%/Gabapentin 10%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, #60: 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 75-80.

Decision rationale: Tylenol #3, #60, Tylenol#3 contains codeine and acetaminophen. Codeine is an opioid analgesic. According to the cited guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant, anticonvulsant or lower potency opioid for chronic pain is not specified in the records provided. He has had urine drug screening performed on 03/25/2015 which was inconsistent for codeine and alprazolam. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Tylenol #3, #60 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore, the request is not medically necessary.

Flurbiprofen 15%/Gabapentin 10%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% cream: 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 Analgesics, pages 111-113.

Decision rationale: Flurbiprofen 15%/Gabapentin 10%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% cream this is a request for topical compound medication. Cyclobenzaprine and baclofen are muscle relaxants and gabapentin is an anticonvulsant. The MTUS Chronic Pain

Guidelines regarding topical analgesics state, Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) 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 Topical NSAIDs; There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended Baclofen: Not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product Gabapentin: Not recommended. There is no peer-reviewed literature to support use. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin, cyclobenzaprine and baclofen are not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The request of Flurbiprofen 15%/Gabapentin 10%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% cream is not medically necessary for this patient.