

Case Number:	CM15-0120405		
Date Assigned:	06/30/2015	Date of Injury:	10/05/2006
Decision Date:	07/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 57 year old female who reported an industrial injury on 10/5/2006. Her diagnoses, and/or impressions, are noted to include: cervical spine discopathy; left shoulder arthropathy; lumbar spine discopathy; right knee internal derangement; left knee arthrosis; and morbid obesity with gastric bypass surgery on 4/2/2010. No current imaging studies were noted. Her treatments have included an agreed medical examination (5/30/13) with re-evaluation on 3/10/2015; intra-muscular Toradol injection therapy (5/8/15); medication management with toxicology studies; and rest from work. The progress notes of 5/8/2015 noted a return visit for complaints of severe aching neck pain; ongoing severe pain the bilateral shoulders; severe low back pain; severe bilateral wrist pain with the sensation of pins/needles; severe bilateral knee pain; and bilateral ankle/feet pain with the sensation of pins/needles which are all helped with her current medications and trans-dermal creams. Objective findings were noted to include no acute distress with good news and affect; a severely antalgic gait with the inability to heel/toe walk due to severe pain in the low back and knees; tenderness in the cervical and bilateral trapezius muscles; weakness in the bilateral shoulders with a decreased grip/grasp; tenderness, tightness and spasms to the lumbar spine with painful range-of-motion; and with noted ace-wraps to the bilateral knees that were with tenderness and swelling, and noted crepitus with range-of-motion. The physician's requests for treatments were noted to include an orthopedic re-evaluation, and the continuation of Ultram, 2 different strengths of Flurbiprofen pain cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 76-80, 93, 94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2006 and continues to be treated for chronic widespread pain. When seen, pain was rated at 9/10. Vicodin and Tramadol were being prescribed. There was spinal tenderness with lumbar muscle spasms and tightness and decreased range of motion. There was decreased shoulder range of motion and weakness. She had knee tenderness with crepitus and swelling. Ultram (Tramadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Flurbiprofen 15%/Gabapentin 10%/Cyclobenzaprine 2%/ Baclofen 2%/ Lidocaine 5% pain cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2006 and continues to be treated for chronic widespread pain. When seen, pain was rated at 9/10. Vicodin and Tramadol were being prescribed. There was spinal tenderness with lumbar muscle spasms and tightness and decreased range of motion. There was decreased shoulder range of motion and weakness. She had knee tenderness with crepitus and swelling. Baclofen and Cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle

relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.

Flurbiprofen 20%/ Dexamethasone 0.2%/ Baclofen 5%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025% muscle & inflammation pain cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/12615249>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2006 and continues to be treated for chronic widespread pain. When seen, pain was rated at 9/10. Vicodin and Tramadol were being prescribed. There was spinal tenderness with lumbar muscle spasms and tightness and decreased range of motion. There was decreased shoulder range of motion and weakness. She had knee tenderness with crepitus and swelling. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.