

Case Number:	CM15-0125667		
Date Assigned:	08/04/2015	Date of Injury:	11/26/2013
Decision Date:	09/22/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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, 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 65 year old female injured worker suffered an industrial injury on 11-26-2013. The diagnoses included head pain, cervical , thoracic and lumbar spine musculoligamentous strain-strain with radiculitis, left shoulder strain/sprain impingement syndrome, left wrist strain-sprain carpal tunnel syndrome, left hip replacement with aggravations, left knee strain-sprain and sleep disturbance. The treatment included medications and chiropractic therapy. On 5-13-2015, the treating provider reported headaches, neck pain, mid-upper back pain, lower back, left shoulder, left wrist pain and numbness, left hip and left knee. The headaches were rated 8 out of 10 which had increased from 7 out of 10. The neck pain was 8 to 9 out of 10 increased from 8 out of 10. The mid-upper back and left wrist pain was 7 out of 10. The lower back pain was 9 out of 10. The left shoulder pain was 8 out of 10. The left hip and knee pain was 6 out of 10. She walked with a cane. It was not clear if the injured worker had returned to work. The requested treatments included Tramadol, Flurbi(NAP) Cream - LA (Flurbiprofen 20 Percent, Lidocaine 5 Percent, Amitriptyline 5 Percent), and Gabacyclotram (Gabapentin 10 Percent, Cyclobenzaprine 6 Percent, Tramadol 10 Percent).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 75-80, 94.

Decision rationale: Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule will become effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. This can include a reduction in work restrictions or significant gain in some aspect of the patient's activities. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although tramadol is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Flurbi (NAP) Cream - LA (Flurbiprofen 20 Percent, Lidocaine 5 Percent, Amitriptyline 5 Percent) 180 Gram: 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 Page(s): 111-113.

Decision rationale: This compounded topical formulation contains lidocaine as one of its components. Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. The CPMTG states that if one drug or drug class of compounded formulation is not recommended, then the

entire formulation is not recommended. Given this guideline recommendation, the currently requested topical formulation, which contains lidocaine, is not medically necessary.

**Gabacyclotram (Gabapentin 10 Percent, Cyclobenzaprine 6 Percent, Tramadol 10 Percent)
180 Gram: 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 Page(s): 111-113.

Decision rationale: With regard to this request for a topical compounded cream that contains Gabapentin as a component, the CPMTG does not recommend topical Gabapentin. On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, the topical Gabapentin component is not recommended, and the entire formulation is not medically necessary.