

Case Number:	CM15-0175362		
Date Assigned:	09/16/2015	Date of Injury:	10/13/2013
Decision Date:	11/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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: Preventive Medicine, Occupational Medicine

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 34 year old male, who sustained an industrial injury on October 13, 2013. The injured worker was diagnosed as having lumbar muscle spasm, lumbar radiculopathy, lumbosacral sprain and strain, rule out lumbar disc protrusion, right de Quervain's disease, right wrist sprain and strain, left de Quervain's diagnosis, and left sprain and strain. On July 18, 2015, the injured worker reported ongoing pain of the lower back with radiating pain, tingling, and numbness to the left lower extremity, which was rated 8 out of 10 on VAS visual analogue scale without medications and 7 out of 10 with medications. Forward back bending, lifting, prolonged sitting, standing, and walking aggravated the pain. Rest and medications relieved the pain. He reported ongoing pain of the bilateral wrists with radiating pain, tingling, and numbness to the fingers. His right wrist pain was rated 7 out of 10 without medications and 6 out of 10 with medications. His right wrist pain was rated 8 out of 10 with medications. His bilateral wrist pain was aggravated by gripping, grasping, holding, pulling, pushing, and lifting activities. Rest and medications relieved the pain. The physical exam (July 18, 2015) revealed decreased and painful lumbar range of motion, tenderness to palpation of the bilateral sacroiliac joints and paravertebral muscles, and muscle spasms of the paravertebral muscles. There was decreased and painful right wrist range of motion with tenderness to palpation of the anatomical snuffbox, dorsal wrist, lateral wrist, medial wrist, and volar wrist. There was decreased and painful left wrist range of motion with tenderness to palpation of the anatomical snuffbox, dorsal wrist, and volar wrist. On May 12, 2015 and June 2, 2015, urine drug screens did not detect Tramadol and/or its metabolite. Treatment has included acupuncture, physical therapy, work modifications, a

lumbar support, rest, ice, a non-steroidal anti-inflammatory injection, and medications including pain (Tramadol 37.5-325mg since at least January 2015), muscle relaxant (Cyclobenzaprine 7.5mg since at least January 2015), proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (July 18, 2015 report), the employee was to return to modified work with restrictions that included light work lifting 10-20 pounds and limit bending and twisting. The requested treatments included Flurbiprofen 20% Baclofen 5% Camphor 5% Menthol 2% Dexamethasone Micro 0.2% Capsaicin 0.025% Hyaluronic Acid 0.2% in cream base, Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base, Cyclobenzaprine 7.5mg, and Tramadol 37.5-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound of Flurbiprofen 20% Baclofen 5% Camphor 5% Menthol 2% Dexamethasone Micro 0.2% Capsaicin 0.025% Hyaluronic Acid 0.2% in cream base 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15857456> Hyaluronic acid: a unique topical vehicle for the localized delivery of drugs in the skin J Eur Acad Dermatol Venereol. 2005 May; 19 (3): 308-18. Brown MBI. Jones S A. Abstract.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Compound of Flurbiprofen 20%, Baclofen 5%, Camphor 5%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, and Hyaluronic Acid 0.2% in cream base 240 grams is not medically necessary.

Compound Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15857456> Hyaluronic acid: a unique topical vehicle for the localized delivery of drugs in the skin J Eur Acad Dermatol Venereol. 2005 May; 19 (3): 308-18. Brown MBI. Jones S A. Abstract.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Compound Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base

240 grams is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Cyclobenzaprine 7.5mg #60 is not medically necessary.

Tramadol 37.5-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. The request is non-specific for sig, and amount of medication; consequently, Tramadol 37.5-325mg is not medically necessary.