

Case Number:	CM15-0176630		
Date Assigned:	09/28/2015	Date of Injury:	07/09/2002
Decision Date:	11/19/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/08/2015

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, Florida
 Certification(s)/Specialty: Anesthesiology, 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:

This is a 60 year old male with a date of injury on 7-9-02. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and back pain. Medical records of 5-13-15 and 5-29-15 indicated ongoing worsening, constant neck and back pain that radiates from the back into the front and back of both legs. He also had bilateral wrist pain. The pain is rated 6 out of 10 with medication and 10 out of 10 without medications. Physical exam reveals restricted range of motion of the lumbar spine and cervical spine due to pain, along with tenderness. Work status: temporary total disability. Past treatment includes: medication, physical therapy, TENS unit, lumbar epidural injections and surgical intervention. Request for authorization was made for flurbiprofen 30 mg lidocaine 7.5 mg versapro base 30 day supply, gabapentin 15 gm amitriptyline 7.5 gm capsaicin 0.0375 gm versapro base 30 day supply, cyclobenzaprine 15 gm lidocaine 3 gm versapro base 30 day supply, flurbiprofen 6 mg lidocaine 1.5 mg versapro base 30 day supply, gabapentin 3 gm amitriptyline 1.5 gm capsaicin 0.0075 gm versapro base 30 day supply, cyclobenzaprine 3 gm lidocaine 0.6 gm versapro base 30 day supply and eszopiclone 1 mg quantity 30. Utilization review dated 8-31-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flubiprofen 30gm/Lidocaine 7.5gm/Versapro Base 30 day supply DOS 8-3-15: 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): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical products.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when first line orally administered anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with orally administered first line medication or second line plain lidocaine patch. The guidelines recommend that topical analgesic be tried and evaluated individually for efficacy. There is lack of guideline support for the topical use of topical NSAIDs for the treatment of chronic musculoskeletal pain in the absence of contraindications to oral NSAID products. The criteria for the retrospective use of flurbiprofen 30mg.lidocaine 7.5mg / Versapro base 30 day supply DOS 8/3/2015 was not met. The request is not medically necessary.

Retrospective Gabapentin 15gm/Amitriptyline 7.5gm/Capsaicin 0.0375gm/ Versapro Base 30 day supply DOS 8-3-15: 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): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Capsaicin, topical, Medications for chronic pain, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when first line orally administered anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with orally administered first line medication or second line plain lidocaine patch. The guidelines recommend that topical analgesic be tried and evaluated individually for efficacy. There is lack of guideline support for the use of topical formulations of gabapentin or amitriptyline for the treatment of chronic musculoskeletal pain. The criteria for the retrospective use of gabapentin 15gm / amitriptyline 7.5gm / capsaicin 0.0375gm / Vesapro base 30day supply DOS 8/3/2015 was not met. The request is not medically necessary.

Retrospective Flurbiprofen 6gm/Lidocaine 1.5gm/Versapro Base 3-Day supply DOS 7-29-15: 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): Antidepressants for chronic pain, Anti-inflammatory medications, Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when first line orally administered anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with orally administered first line medication or second line plain lidocaine patch. The guidelines recommend that topical analgesic be tried and evaluated individually for efficacy. There is lack of guideline support for the topical use of NSAIDs in the absence for the treatment of chronic musculoskeletal pain. The criteria for the retrospective use of flurbiprofen 6gm / lidocaine 1.5gm / Versapro base 3 day supply DOS 7/29/2015 was not met. The request is not medically necessary.

Retrospective Gabapentin 3gm/Amitriptyline 1.5gm/Capsaicin 0.0075gm/Versapro Base 3-Day Supply DOS 7-29-15: 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): Amitriptyline, Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Capsaicin, topical, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when first line orally administered anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with orally administered first line medication or second line plain lidocaine patch. The guidelines recommend that topical analgesic be tried and evaluated individually for efficacy. There is lack of guideline support for the use of topical formulations of gabapentin or amitriptyline for the treatment of chronic musculoskeletal pain. The criteria for the retrospective use of gabapentin 3gm / amitriptyline 1.5gm / capsaicin 0.0075gm / Vesapro base 30 day supply DOS 7/29/2015 was not met. The request is not medically necessary.

Retrospective Cyclobenzaprine 3gm/Lidocaine 0.6gm/Versapro Base 3-Day Supply DOS 7-29-15: 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), Medications for chronic pain, Muscle relaxants (for pain), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when first line orally administered anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with orally administered first line medication or second line plain lidocaine patch. The guidelines recommend that topical analgesic be tried and evaluated individually for efficacy. There is lack of guideline support for the use of topical formulations of cyclobenzaprine for the treatment of chronic musculoskeletal pain. The criteria for the retrospective use of cyclobenzaprine 3gm / lidocaine 0.6gm / Versapro base 30 day supply DOS 7/29/2015 was not met. The request is not medically necessary.

Retrospective Cyclobenzaprine 15gm/Lidocaine 3gm/Versapro Base 30 day supply DOS 8-3-15: 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), Medications for chronic pain, Muscle relaxants (for pain), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when first line orally administered anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with orally administered first line medication or second line plain lidocaine patch. The guidelines recommend that topical analgesic be tried and evaluated individually for efficacy. There is lack of guideline support for the use of topical formulations of cyclobenzaprine for the treatment of chronic musculoskeletal pain. The criteria for the retrospective use of cyclobenzaprine 15gm/lidocaine 3gm / Versapro base 30 day supply DOS 8/3/2015 was not met. The request is not medically necessary.

Retrospective Eszopiclone 1mg quantity 30, with one refill DOS 7-29-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Hypnotic medications.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of sleep medications be limited to short term periods. It is recommended that non-medication sleep hygiene measures and evaluation of sleep disorders be completed before utilization of sedative or hypnotic agents. The chronic use of sleep medications is associated with the development of tolerance, dependency, addiction, daytime somnolence and adverse interaction with opioids or sedative medications. The records indicate that the patient is utilizing multiple sedative medications concurrently. The records indicate that the duration of utilization of the eszopiclone had exceeded the guidelines recommended limit of 4 to 6 weeks. The criteria for retrospective use of eszopiclone 1mg #30 with one refill DOS 7/29/2015 have not been met. Therefore, this request is not medically necessary.