MAXIMUS Federal Services

Case Number:	CM15-0176891		
Date Assigned:	09/17/2015	Date of Injury:	04/17/2014
Decision Date:	11/06/2015	UR Denial Date:	08/14/2015
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: California
Certification(s)/Specialty: Emergency 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 61-year-old male, who sustained an industrial injury on 4-17-14. He reported pain in the head, neck, left shoulder, left elbow, and low back. The injured worker was diagnosed as having headaches or cephalgia, cervical spine sprain or strain, cervical spine radiculopathy, left shoulder sprain or strain, left elbow sprain or strain, low back pain, and radiculitis of the lower extremity. Treatment to date has included a left elbow injection, physical therapy, manipulating therapy, acupuncture, and oral and topical medication. On 5-6-15, pain was rated as 9 of 10 and on 7-18-15 pain was rated as 7 of 10. On 7-18-15, physical examination findings included tenderness to palpation at the paraspinal, trapezius, and scalene muscles. Ranges of motion in the cervical spine, left shoulder, left elbow, and lumbar spine were decreased. Tenderness was noted to palpation at the subacromial space and supraspinatus. Left elbow tenderness to palpation at the medial and lateral epicondyle was noted. Tenderness to palpation over the spinous processes at L4-S1 on the right and sciatic notch tenderness with spasms on the right was also noted. Currently, the injured worker complains of pain in the neck, left shoulder, left elbow, and low back. The treating physician requested authorization for Cyclobenzaprine 5% cream 110g, Synapryn 10mg-ml 5ml 500ml, Tabradol 1mg-ml 250ml, and Ketoprofen 20% cream 167g. On 8-14-15, the requests were non-certified, the utilization review physician noted "according to California Medical Treatment Utilization Schedule chronic pain medical treatment guidelines topical analgesics are recommended largely experimental in use with few randomized controlled trials to determine efficacy of safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5% cream apply thin layer TID 110gm #1: 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): Topical Analgesics.

Decision rationale: The request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients, which each have specific properties and mechanisms of action. The MTUS guidelines state the following: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the use of the topical muscle relaxant is not indicated for use for the patient's condition. The MTUS states the following regarding muscle relaxants used topically: "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. 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." As indicated above, due to inadequate clinical evidence of efficacy, the request is not medically necessary.

Synapryn 10mg/ml 5ml TID 500ml #1: 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: Tramadol is a pain medication in the category of a centrally acting analgesic. They exhibit opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Centrally acting drugs are reported to be effective in managing neuropathic type pain although it is not recommended as first line therapy. The side effect profile is similar to opioids. For chronic back pain, it appears to be efficacious for short-term pain relief, but long term (>16 weeks) results are limited. It also did not appear to improve function. The use of tramadol for osteoarthritis is indicated for short-term use only (<3 months) with poor long-term benefit. In this case, the patient does not meet the qualifying criteria. This is secondary to the duration of use, with this medication being indicated on a short-term basis only. As such, the request is not medically necessary.

Tabradol 1mg/ml 5ml 2-3 x a day 250ml #1: 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): Muscle relaxants (for pain).

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate qualifying evidence and prolonged duration of use, the request is not medically necessary.

Ketoprofen 20% cream apply thin layer TID 167gm #1: 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): Topical Analgesics.

Decision rationale: The request is for the use of a topical NSAID for pain relief. There are specific criteria require for use based on the guidelines. The MTUS states the following: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, as indicated above, the patient would not qualify for the use of this medication based on the treatment duration. As such, the request is not medically necessary.