

Case Number:	CM15-0090929		
Date Assigned:	05/15/2015	Date of Injury:	03/18/2014
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/11/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 26-year individual who sustained an industrial injury on 03/18/2014. The injured worker reported injury to left shoulder, left upper back and left knee as a results of a fall. On provider visit dated 03/18/2015 the injured worker has reported neck pain, mid/upper/lower back pain, left shoulder pain, left elbow and left knee pain. The injured worker also complained of pain and numbness in the left wrist. On examination cervical, lumbar and thoracic spine revealed tenderness to palpation over the paraspinal muscles, and a restricted range of motion. Left shoulder was noted as tenderness to palpation, restricted range of motion and positive impingement test. Left elbow revealed tenderness to palpation, left wrist revealed tenderness to palpation and a positive Tinel's and Phalen test. Left knee revealed tenderness to palpation. The diagnoses have included cervical spine musculoligamentous strain/sprain with radiculitis rule out cervical spine discogenic disease, thoracic spin musculoligamentous strain/sprain myofascial pain syndrome, lumbar spine musculoligamentous strain/sprain, left shoulder strain/sprain, left shoulder impingement syndrome, left elbow strain/sprain, left elbow lateral epicondylitis, left wrist strain/sprain rule out left wrist carpal tunnel syndrome and left knee strain/sprain rule out left knee meniscal tear. Treatment to date has included physical therapy, medication and chiropractic therapy. The provider requested Tramadol 50 MG #60, Flurbi (Nap) Cream-La (Flurbiprofen 20 Percent/Lidocaine 5 Percent/Amitriptyline 5 Percent) 180 Grams and Gabacyclotram (Gabapentin 10 Percent/Cyclobenzaprine 6 Percent/Tramadol 10 Percent) 180 Grams.

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 Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the ongoing use of the medications prescribed reportedly "helped", but no clear report was found in the provided documentation, which discussed the specific functional gains directly related to ongoing use of tramadol, nor was there any report of measurable pain reduction compared to not using this medication. Therefore, the request for tramadol will not be considered medically necessary until a more complete assessment of opioid use can be provided for review.

Flurbi (Nap) Cream-La (Flurbiprofen 20 Percent/Lidocaine 5 Percent/Amitriptyline 5 Percent) 180 Grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, pp. 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental, especially combination/compounded topical products, as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical

NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Guidelines for Chronic Pain also state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, flurbi (nap) cream was recommended which is a compounded analgesic medication containing flurbiprofen, lidocaine, and amitriptyline. Amitriptyline is not mentioned in the MTUS Guidelines as a recommended topical agent. Upon review of the records, there was a report of the worker using this medication leading up to this request, however, there was insufficient documentation regarding how effective it was related to the overall functional ability and pain levels with and without its use independent of the other medications used. Therefore, the request for Flurbi (Nap) Cream will not be considered medically necessary.

Gabacyclotram (Gabapentin 10 Percent/Cyclobenzaprine 6 Percent/Tramadol 10 Percent) 180 Grams: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental, especially combination/compounded topical products, as they have few controlled trials to determine efficacy and safety currently. The Guidelines state specifically that some ingredients such as gabapentin and cyclobenzaprine, for example, have insufficient supportive evidence to recommend them topically for general use in treating chronic pain and are considered non-recommended. In the case of this worker, there was a request for gabacyclotram, which contains gabapentin, cyclobenzaprine, and tramadol, all in a topical form. Since two of the three ingredients are not recommended, the entire topical analgesic product will be considered not recommended by the MTUS Guidelines and is not medically necessary.