MAXIMUS Federal Services

Case Number:	CM15-0097009		
Date Assigned:	05/27/2015	Date of Injury:	11/26/2013
Decision Date:	07/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/19/2015

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

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 64-year-old female, who sustained an industrial injury on 11/26/2013. She reported a fall with injury to the head, neck, lower back, left face, left hand and left hip. Diagnoses include head pain, status post multiple strokes with mild facial palsy and numbness, cervical, thoracic, and lumbar sprain/strain with radiculitis, left shoulder sprain and impingement syndrome, left wrist sprain and carpal tunnel syndrome, left knee strain, stage III kidney failure and sleep disturbance secondary to pain. Treatments to date include medication management, physical therapy, shockwave treatments, and chiropractic therapy. Currently, she complained of headaches, and pain in the neck, mid/upper back, lower back, left hip and left knee. There was pain and numbness reported in the left wrist. The pain was reported to have decreased to 7/10 VAS in the left wrist and back, and remained the same in the neck, low back, hip and knee. On 4/1/15, the physical examination documented a positive compression test with cervical tenderness and spasm. There was tenderness noted in the thoracic spine, lumbar spine, wrist, hip and knee. The straight leg test was positive bilaterally. The plan of care included Tramadol 50 mg tablets, one tablet every twelve hours as needed, #60; and topical compound cream (Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5%) 180 grams to apply thin layer in the morning to affected areas; and Cabacyclotram (Gabapentin 10%/ Cyclobenzaprine 6%/ Tramadol 10%) 180 grams to apply a thin layer to affected areas in the nighttime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient complains of neck pain, mid/upper back pain, lower back pain, left hip pain, and left knee pain, along with headaches and left wrist pain and numbness, as per progress report dated 04/01/15. The request is for 60 Tramadol 50 mg. The RFA for the case is dated 04/01/15, and the patient's date of injury is 11/26/03. Diagnoses, as per progress report dated 04/01/15, included head pain, cervical musculoligamentous sprain/strain with radiculitis, thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain with radiculitis, left shoulder sprain/strain with impingement syndrome, left wrist sprain/strain with carpal tunnel syndrome, left knee sprain/strain, head pain, kidney failure, and sleep issues secondary to pain. The patient is status posts multiple strokes with mild facial palsy and status post left hip replacement with aggravation. Medications included Tramadol, FLURBI-NAP cream-LA and Gabacyclotram. The patient is temporarily totally disabled, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a request for Tramadol in noted in progress reports dated 02/18/15, and the patient has been taking the medication consistently at least since then. The treater, however, does not use a numerical scale to document reduction in pain nor does the treater provide examples that demonstrate improvement in function. No UDS and CURES reports are available for review, and there no documentation of side effects due to Tramadol use. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse reactions, and aberrant behavior, for continued opioid use. Hence, the request is not medically necessary.

Flurbi(NAP) Cream - LA (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, NSAIDs, Lidocaine Indication.

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

Decision rationale: The patient complains of neck pain, mid/upper back pain, lower back pain, left hip pain, and left knee pain, along with headaches and left wrist pain and numbness, as per

progress report dated 04/01/15. The request is for 1 prescription of FLURBI-NAP cream-la (Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5%) 180 gm. The RFA for the case is dated 04/01/15, and the patient's date of injury is 11/26/03. Diagnoses, as per progress report dated 04/01/15, included head pain, cervical musculoligamentous sprain/strain with radiculitis, thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain with radiculitis, left shoulder sprain/strain with impingement syndrome, left wrist sprain/strain with carpal tunnel syndrome, left knee sprain/strain, head pain, kidney failure, and sleep issues secondary to pain. The patient is status post multiple strokes with mild facial palsy and status post left hip replacement with aggravation. Medications included Tramadol, FLURBI-NAP cream-LA and Gabacyclotram. The patient is temporarily totally disabled, as per the same progress report. For Lidocaine, the MTUS guidelines, pages 111, do not support any other formulation than topical patches. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, the use of Flurbiprofen/Lidocaine/Amitriptyline cream is noted since 01/09/15. The treater states "Topical medications were prescribed in order to minimize possible neurovasulcar complications; and to avoid complications associated with use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medications." Nonetheless, Lidocaine is not supported by MTUS in any topical formulation other than patch. Flurbiprofen is only recommended for peripheral joint arthritis and tendinitis. MTUS also specifically states that anti-depressants such as Amitriptyline are not recommended in any topical formulation. The Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hence, this request is not medically necessary.

Gabacyclotram (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Topical Gabapentin, Muscle relaxants.

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

Decision rationale: The patient complains of neck pain, mid/upper back pain, lower back pain, left hip pain, and left knee pain, along with headaches and left wrist pain and numbness, as per progress report dated 04/01/15. The request is for Gabacyclotram (Gabapentin 10%, Cyclo-benzaprine 6%, Tramadol 5%) 180 gm. The RFA for the case is dated 04/01/15, and the patient's date of injury is 11/26/03. Diagnoses, as per progress report dated 04/01/15, included head pain, cervical musculoligamentous sprain/strain with radiculitis, thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain with radiculitis, left shoulder sprain/strain with impingement syndrome, left wrist sprain/strain with carpal tunnel syndrome, left knee sprain/strain, head pain, kidney failure, and sleep issues secondary to pain. The patient is status posts multiple strokes with mild facial palsy and status post left hip replacement with aggravation. Medications included Tramadol, FLURBI-NAP cream-LA and Gabacyclotram. The patient is temporarily totally disabled, as per the same progress report. MTUS guidelines on page 111, state that "Gabapentin: Not recommended. There is no peer- reviewed literature to support use." Additionally, the guidelines state that there is no evidence for use of any

muscle relaxants such as cyclobenzaprine as a topical product. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, none of the progress reports document the use of Gabacyclotram is noted since 01/09/15. The treater states "Topical medications were prescribed in order to minimize possible neurovasulcar complications; and to avoid complications associated with use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medications." Nonetheless, this topical formulation contains Gabapentin and Cyclobenzaprine, which are not recommended by MTUS. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request is not medically necessary.

12 Chiropractic therapy sessions of the C/S, T/S, L/S, Left Shoulder, Left Wrist, Left Hip and Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

Decision rationale: The patient complains of neck pain, mid/upper back pain, lower back pain, left hip pain, and left knee pain, along with headaches and left wrist pain and numbness, as per progress report dated 04/01/15. The request is for 12 chiropractic therapy sessions of c/s, t/s, l/s, lt shoulder, lt wrist, lt hip, lt knee. The RFA for the case is dated 04/01/15, and the patient's date of injury is 11/26/03. Diagnoses, as per progress report dated 04/01/15, included head pain, cervical musculoligamentous sprain/strain with radiculitis, thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain with radiculitis, left shoulder sprain/strain with impingement syndrome, left wrist sprain/strain with carpal tunnel syndrome, left knee sprain/strain, head pain, kidney failure, and sleep issues secondary to pain. The patient is status posts multiple strokes with mild facial palsy and status post left hip replacement with aggravation. Medications included Tramadol, FLURBI-NAP cream-LA and Gabacyclotram. The patient is temporarily totally disabled, as per the same progress report. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, the patient has undergone chiropractic therapy in the past. Although the reports do not document the number of sessions, the treater states "chiropractic therapy helps to decrease her pain and tenderness. She indicates that her function and activities of daily living have improved by 10%." The UR denial letter, however, states that the patient has completed 15 sessions of chiropractic therapy. There is no evidence to contest the UR contention. Since, MTUS only allows 18 sessions, the current request for 12 additional sessions is excessive and is not medically necessary.