

Case Number:	CM14-0131695		
Date Assigned:	09/19/2014	Date of Injury:	03/05/2013
Decision Date:	11/17/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old male who reported an injury on 03/05/2013, caused by an unspecified mechanism. The injured worker's treatment history included medications, topical creams, EMG/NCV studies, and oral medications. The injured worker was evaluated on 07/22/2014, and it was documented the injured worker complained of cervical spine, lumbar spine, right shoulder, left shoulder, right wrist, and left wrist pain. Objective findings of the cervical spine revealed ranges of motion were decreased and painful. Flexion was 50/50 degrees, extension was 10/60 degrees, left lateral bending and right lateral bending were 30/45 degrees, and left rotation and right rotation were 80/80 do. There was tenderness to palpation over the cervical paravertebral muscles. There were muscle spasms in the cervical paravertebral muscles. Cervical compression was positive. Lumbar spine examination revealed there were trigger points of paraspinal lesions present at the lumbar spine. The ranges of motion were decreased and painful. Flexion was 50/60 degrees. Extension was 15/25 degrees. Left lateral bending and right lateral bending were 20/25 degrees. There was tenderness to palpation of the lumbar paravertebral muscles. There were muscle spasms to the lumbar paravertebral muscles. Kemp's test was positive bilaterally. Sitting straight leg raise was positive bilaterally. Right shoulder range of motion was decreased and painful. Flexion was 165/180 degrees, and extension was 40/50 degrees. There was tenderness to palpation over the anterior shoulder and posterior shoulder. Supraspinatus press was positive. In the left shoulder, the ranges of motion were decreased and painful. There was tenderness to palpation of the lateral shoulder, posterior shoulder supraspinatus and trapezius. Supraspinatus press was positive. Right wrist range of motion was decreased and painful. Flexion was 50/60 degrees. Extension was 50/60 degrees. Radial deviation was 20/20 degrees, and ulnar deviation was 30/30 degrees. There was tenderness to palpation of the lateral wrist and volar wrist. Phalen's test was positive. Left wrist

ranges of motion were decreased and painful. Flexion was 50/60 degrees. Extension was 45/60 degrees. Radial deviation was 20/20 degrees, and ulnar deviation was 30/30 degrees. There was tenderness to palpation over the lateral wrist and volar wrist. Phalen's test was positive. Medications included topical creams and Flurbiprofen, gabapentin, Quazepam, Somnicin, Gabacyclotram, and Genicin. Diagnoses included cervical disc protrusion, cervical radiculopathy, cervical sprain/strain, lumbar myospasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, right shoulder impingement syndrome, right shoulder sprain/strain, left shoulder impingement syndrome, left shoulder sprain/strain, right carpal tunnel syndrome, right wrist pain, right wrist sprain/strain, left carpal tunnel syndrome, left wrist pain, and left wrist sprain/strain. A Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Tramadol x 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen; Topical analgesics; Topical Capsaicin ; Topical Salicylates ; Tramadol Page(s): 72; 1.

Decision rationale: The requested Flurbiprofen/Tramadol x 2 Refills is not medically necessary. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. California MTUS guidelines recommend Topical Salicylates. Methyl Salicylate 2% and camphor 2% are two of the ingredients of this compound. A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. As the topical Flurbiprofen is not supported by the FDA or treatment guidelines and topical Tramadol is not supported by the FDA. The request submitted failed to include duration, quantity, and dosage of the medication. As such, the request for Flurbiprofen/Tramadol x 2 Refills is not medically necessary.

Gabapentin/Amitriptyline/Dextromethorphan x 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Flurbiprofen, Topical analgesics ,Topical Capsaicin, Topical Salicylates Page(s): 72;.

Decision rationale: The requested Gabapentin/Amitriptyline/Dextromethorphan x 2 Refills is not medically necessary. The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines note gabapentin is not recommended for topical application. Topical NSAIDs are recommended for 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). As the guidelines do not recommend the use of muscle relaxants or gabapentin for topical application, the medication would not be indicated. It was also unclear if the injured worker had a diagnosis which would be congruent with the guideline recommendations for topical NSAIDs. The request submitted failed to include quantity, dosage, and frequency of the topical cream. As such, the request for Gabapentin/Amitriptyline/Dextromethorphan x 2 Refills is not medically necessary.

Flurbiprofen x 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The requested is not medically necessary. Per the Chronic Medical Treatment Guidelines note NSAIDs (nonsteroidal anti-inflammatory drugs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The request that was submitted failed to include dosage, quantity, frequency, and duration of the medication. Additionally, the provider failed to indicate the objective functional benefit as a result of the medication. As such, the request for Flurbiprofen x 2 Refills is not medically necessary.

Gabapentin x 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The requested Gabapentin x 2 Refills are not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an anti-epilepsy drug AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The documentation submitted had lack of evidence of the efficacy of the requested drug after the injured worker takes the medication. The request submitted failed to include duration, dosage, frequency, and quantity of the medication. As such, the request for Gabapentin x 2 Refills is not medically necessary.

Quazepam 15mg #30 x 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Quazepam 15mg #30 x 2 Refills is not medically necessary. Per California MTUS Chronic Pain Treatment Guidelines state benzodiazepines are not recommended for long term- use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxers. Chronic benzodiazepines are the treatment of choice in very few conditions. It also states that tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The guidelines do not recommend the benzodiazepines for long term use. Duration of use of Quazepam could not be determined with the submitted documents. The continued use of Quazepam is not supported. As such, the request for Quazepam 15mg #30 x 2 Refills is not medically necessary.

Somnicin x 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical Food

Decision rationale: The requested Quazepam 15mg #30 x 2 Refills is not medically necessary. Per California MTUS Chronic Pain Treatment Guidelines state benzodiazepines are not recommended for long term- use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxers. Chronic benzodiazepines are the treatment of choice in very few conditions. It also states that tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The guidelines do not recommend the

benzodiazepines for long term use. Duration of use of Quazepam could not be determined with the submitted documents. The continued use of Quazepam is not supported. As such, the request for Quazepam 15mg #30 x 2 Refills is not medically necessary.

Gabaclotram 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates; Topical Analgesic; Topical Capsaicin; Lidocaine Page(s): 105; 111; 28;112.

Decision rationale: The requested is Gabaclotram x 2 Refills not medically necessary. California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. California MTUS guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / Lidocaine / menthol / methyl salicylate. The request that was submitted failed to include frequency, duration, quantity, and dosage of Gabaclotram. As such, the request for Gabaclotram x 2 Refills is not medically necessary.

Flurbiprofen/Lidocaine/Amitriptyline x 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Flurbiprofen; Lidocaine Page(s): 111; 72; 112.

Decision rationale: The requested Flurbiprofen/Lidocaine/Amitriptyline 2 Refills is not medically necessary. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....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. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line

therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request that was submitted failed to include duration, frequency, dosage, and quantity of the medication. As such, the request for Flurbiprofen/Lidocaine/Amitriptyline 2 Refills is not medically necessary.

Genicin x 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine and Chondroitin Sulfate Page(s): 50.

Decision rationale: The requested Genicin 2 Refills is not medically necessary. The Chronic Pain Medical Treatment Guidelines note that glucosamine (and chondroitin sulfate) is recommended as an option, given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy of crystalline glucosamine sulfate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. The request submitted failed to include frequency, duration, and quantity of the medication. As such, the request for Genicin 2 Refills is not medically necessary.

New Terocin Lotion x 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesic; Topical Capsaicin; Lidocaine Page(s): 105;111; 28; 112.

Decision rationale: The requested New Terocin Lotion 2 Refills is not medically necessary. California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. The request submitted failed to include duration, quantity, dosage, and frequency for the medication. As such, the request for New Terocin Lotion 2 Refills is not medically necessary.