

Case Number:	CM13-0004900		
Date Assigned:	04/23/2014	Date of Injury:	12/07/2006
Decision Date:	06/03/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/29/2013

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 67 year old female who had a work injury dated 12/7/06. The diagnoses include 1. Cervical sprain/strain with C5-C6 disc bulge and upper extremity radiculopathy. 2. Bilateral shoulder impingement syndrome and tendonitis. 3. Status post right carpal tunnel release. 4. Left carpal tunnel syndrome and De Quervain's disease. 5. Lumbar spine sprain/strain with bilateral lower extremity radiculopathy. There is a request for Ketoprofen 15%, Gabapentin 10% and Lidocaine 10%. There is a 9/18/13 primary treating physician progress report that indicates that the patient normally notes her pain is an 8/10 with medication and without medication, she rates her pain a 10+/10. She normally rates her pain improved by 20% with the use of medication. She notes improvement in function as well as decrease in pain subjectively with her medications. Her medications include Fentanyl, Norco, Amitiza, Protonix, Flexeril, Naprosyn, and Xanax. She is better able to perform her activities of daily living and participate in meaningful activities with her family. Without medication, she is confined to her bed or chair. Per physician report she shows no evidence of drug seeking behavior. She is utilizing her medications appropriately and has demonstrated compliance with urine drug screening in the past. She has signed an opioid agreement. On physical exam the patient is in moderate distress. She is ambulating with a walker. On physical exam there is bilateral cervical spine paraspinous tenderness with 1+ palpable spasm present. The range of motion of the cervical, spine is restricted. The upper extremity exam reveals tenderness over both shoulders with restricted range of motion. She has a positive Tinel's sign bilaterally. She has well-healed scar over the right wrist in the region of the carpal tunnel release. Sensory reveals hypoesthesia in the right median nerve distribution. The patient has bilateral lumbar paraspinous tenderness from L1 through S 1. She has bilateral sciatic notch tenderness. There is 1+ palpable muscle spasm present bilaterally. The lumbar spine range

of motion reveals that flexion is 10 degrees, extension is 5 degrees, right lateral flexion is 5 degrees, and left lateral flexion is 5 degrees. The patient has a negative straight leg raise exam bilaterally. Muscle testing indicates that the anterior tibialis left 4/5 and right 5/5, peroneus longus/brevis left 4/5 and right 4/5, and extensor hallucis longus left 4/5 and right 4/5. Patellar reflexes 1+ and symmetrical bilaterally and Achilles reflexes trace but symmetrical bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 15% , GABAPENTIN 10%, AND LIDOCAINE 10%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Ketoprofen 15%, Gabapentin 10% and Lidocaine 10% is not medically necessary per the MTUS guidelines. Per the Chronic Pain Medical Treatment Guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The request for this ointment is not medically necessary for the following reasons. Ketoprofen is an NSAID (non steroidal anti-inflammatory). The MTUS Chronic Pain Medical Treatment guidelines state that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical NSAIDs are primarily indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are 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 and no evidence to support use in neuropathic pain. The documentation indicates that the prescribing physician states that the patient is given direction to apply the topical ointment 1 to 2 g two to three times as day as directed over the painful areas of neuropathic pain of the extremities. Topical ointment containing Lidocaine is not recommended by the MTUS. Additionally, the MTUS states that in regards to Gabapentin, there is no peer-reviewed literature to support its use. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case the patient was prescribed this ointment on 5/23/13. The MTUS guidelines do not recommend topical NSAIDs for more than 12 weeks therefore continuing Ketoprofen topically is not medically appropriate. Ketoprofen is also not recommended for neuropathic pain. Furthermore, the guidelines do not endorse the use of topical Gabapentin and Lidocaine in ointment form. The request for topical Ketoprofen 15%, Gabapentin 10% and Lidocaine 10% is not medically necessary.

RANDOM URINE DRUG SCREEN, 4 TIMES A YEAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids, Steps to Avoid Misuse Section Page(s): 43, 94.

Decision rationale: Random urine drug screen four times a year is not medically necessary per the MTUS and ODG guidelines. The MTUS guidelines state that frequent random urine toxicology screens can be used as a step steps to avoid misuse of opioids, and in particular, for those at high risk of abuse. The MTUS states that urine drug screen is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The ODG states patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. Per physician report on 9/18/13 "the patient shows no evidence of drug seeking behavior. She is utilizing her medications appropriately and has demonstrated compliance with urine drug screening in the past. She has signed an opioid agreement." The documentation submitted does not indicate that the patient is at moderate or high risk of aberrant activity and therefore a request for random urine drug screen 4 times per year is not medically necessary.