

Case Number:	CM13-0022873		
Date Assigned:	01/29/2014	Date of Injury:	07/26/2005
Decision Date:	04/24/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/11/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 61 year-old male who was injured on 7/26/05. She has been diagnosed with left shoulder pain, history of surgery; stress; left wrist CTS. According to the check-box PR2 from [REDACTED], dated 8/15/13, the patient presents with left shoulder and wrist pain. She feels worse. The treatment plan is also in check-box format and the physician checked Caps (Nap) cream-5+TGC; Laxacin #60; Ketoprofen (Nap) Cream-L, Ultram and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caps (nap) cream 5+TGC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The patient presents with shoulder and wrist pain. On 8/15/13 the physician notes the patient is feeling worse. The physician prescribed Caps (Nap) cream-5+TGC; Laxacin #60; Ketoprofen (Nap) Cream-L, Ultram and Flexeril. These same medications were prescribed on 7/18/13 and the patient's symptoms were listed as worse. The same medications were also

prescribed on 5/16/13. There is no rationale provided, and no discussion of efficacy on any of the medications or compounded topicals. I have been asked to review for Caps (Nap) cream-5+TGC. There was no description of the components or strength/percentage of the components. MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The components of the compounded medication were not listed and therefore are not available to compare to MTUS criteria. MTUS also states: "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed" There was no discussion of prior antidepressants or anticonvulsants. And the patient is reporting worsening symptoms despite continuing the topical compound. There is no indication that the medication has produced any benefit with reduction of pain or improved function or improved quality of life. The continued use of the Caps (Nap) cream-5+TGC is not in accordance with MTUS guidelines

Laxacin #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating therapy Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: The patient presents with shoulder and wrist pain. On 8/15/13 the physician notes the patient is feeling worse. The physician prescribed Caps (Nap) cream-5+TGC; Laxacin #60; Ketoprofen (Nap) Cream-L, Ultram and Flexeril. These same medications were prescribed on 7/18/13 and the patient's symptoms were listed as worse. The same medications were also prescribed on 5/16/13. There is no rationale provided, and no discussion of efficacy on any of the medications or compounded topicals. According to the MTUS guidelines, when initiating opioids, prophylactic treatment of constipation should be initiated. The request is in accordance with MTUS guidelines.

Ketoprofen (nap) cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The patient presents with shoulder and wrist pain. On 8/15/13 the physician notes the patient is feeling worse. The physician prescribed Caps (Nap) cream-5+TGC; Laxacin #60; Ketoprofen (Nap) Cream-L, Ultram and Flexeril. These same medications were prescribed on 7/18/13 and the patient's symptoms were listed as worse. The same medications were also prescribed on 5/16/13. There is no rationale provided, and no discussion of efficacy on any of the medications or compounded topicals. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically

states ketoprofen is not FDA approved for topical applications. The request is not in accordance with MTUS guidelines.

Ultram 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain Page(s): 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: The patient presents with shoulder and wrist pain. On 8/15/13 the physician notes the patient is feeling worse. The physician prescribed Caps (Nap) cream-5+TGC; Laxacin #60; Ketoprofen (Nap) Cream-L, Ultram and Flexeril. These same medications were prescribed on 7/18/13 and the patient's symptoms were listed as worse. The same medications were also prescribed on 5/16/13. There is no rationale provided, and no discussion of efficacy on any of the medications or compounded topicals. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement", and on page 8 states "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Ultram MTUS does not recommend continuing treatment if there is not a satisfactory response.

Flexeril 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

Decision rationale: The patient presents with shoulder and wrist pain. On 8/15/13 the physician notes the patient is feeling worse. The physician prescribed Caps (Nap) cream-5+TGC; Laxacin #60; Ketoprofen (Nap) Cream-L, Ultram and Flexeril. These same medications were prescribed on 7/18/13 and the patient's symptoms were listed as worse. The same medications were also prescribed on 5/16/13. There is no rationale provided, and no discussion of efficacy on any of the medications or compounded topicals. MTUS specifically states Flexeril is not recommended over 3-weeks. The patient has been on Flexeril for over 3-months. The continued use of Flexeril continues to exceed the MTUS recommendations.