

Case Number:	CM13-0031605		
Date Assigned:	12/04/2013	Date of Injury:	10/22/2002
Decision Date:	01/23/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

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 57-year-old female who reported injury on 10/22/2002. The patient had subjective complaints of intermittent neck pain rated a 2/10 to 3/10 associated with stiffness and cramping. The patient was noted to complain of intermittent low back pain rated a 5/10 with radiation to the right hip down to the right foot. The patient was noted to have right elbow tenderness. The diagnoses were noted to include status post right ulnar nerve transposition surgery on 01/23/2013, status post 2 level anterior cervical decompression and fusion with mild transition syndrome at C4-5, bilateral ulnar nerve entrapment at the elbows, right more than left, by EMG/NCS studies, degenerative joint disease with mild ligamentous sprain/strain of the lumbar spine at L4-5 with retrolisthesis at L5-S1 and early degenerative changes at the right hip. The request was made for Ultracet 37.5/325 #60 date of service 06/03/2013, flurbiprofen 20% gel 120 grams DOS 06/03/2013, ketoprofen 20% ketamine 10% gel, 120 gram, DOS 06/03/2013, gabapentin 10%, cyclobenzaprine 10% plus capsaicin 0.0375%, 120 gram, DOS 06/03/2013, urine drug screen DOS 06/13/2013, physical therapy to the right elbow and lumbar spine 2 times a week times 4 weeks 06/03/2013, continued physical therapy to the lumbar spine, bilateral hands, and right elbow 2 times a week for 4 weeks, date of service 07/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol/Acetaminophen, On-going Management page Page(s): 83, 78.

Decision rationale: CA MTUS guidelines indicate that weak opioids (like Ultracet) should be considered at initiation of treatment with opioids and there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4A's. Additionally, it failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Ultracet 37.5/325 mg #60 date of service 06/03/2013 is not medically necessary.

Flurbiprofen 20% gel, 120gm, DOS: 6/3/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen Page(s): 111.

Decision rationale: Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. The CA 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. 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. As the topical Flurbiprofen is not supported by the FDA or the treatment guidelines, the request is not supported. Given the above, and the lack of documentation indicating exceptional factors, the request for flurbiprofen 20% gel, 120 grams, date of service 06/03/2013 is not medically necessary.

Ketoprofen 20% Ketamine, 10% gel, 120gm, DOS: 6/3/2013: 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 Page(s): 111-113.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen: This

agent is not currently FDA approved for a topical application. The compound also included topical Ketamine which is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. The guidelines do not recommend Ketoprofen and as such the use of the compound would not be supported. Given the lack of documentation of exceptional circumstances, the request for Ketoprofen 20% ketamine 10% gel, 120 grams, date of service 06/03/2013 is not medically necessary.

Gabapentin 10% Cyclobenzaprine 10% plus Capsaicin 0.0375%, 120gm, DOS: 6/3/2013:
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 Page(s): 41,111,113,112.

Decision rationale: CA MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....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....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy...Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product...do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product...The addition of cyclobenzaprine to other agents is not recommended". Given the above and that all of the medications in the compound are not recommended, along with a lack of documentation to support non-adherence to guideline recommendations, the request for 1 prescription for Gabapentin 10%, Cyclobenzaprine 10% plus Capsaicin 10/10/0.0375% 120gm DOS: 6/3/2013 is not medically necessary.

Physical therapy for the right elbow and lumbar spine, two (2) times a week for four (4) weeks, DOS: 6/3/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and

8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Objectively, the patient has a range of motion that revealed flexion at 40 degrees, extension 5 degrees, right lateral bend 10 degrees, and left lateral bend 10 degrees. The patient's Kemp's test was noted to be positive bilaterally and the lower motor extremity strength was noted to be 5/5 and the sensory examination was noted to be intact for all dermatomes of the lower extremities. Clinical documentation submitted for review failed to indicate the patient's functional deficits to support physical therapy. Additionally, it failed to provide the necessity for 2 times a week for 4 weeks. Given the above, the request for physical therapy to the right elbow and lumbar spine 2 times a week for weeks with the date of service 06/03/2013 is not medically necessary.

Urinary drug screen performed 6/3/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Opioids, tools for risk stratification and monitoring

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

Decision rationale: California MTUS indicates that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the patient had a previous urine drug screen that was consistent with the prescribed medications. Clinical documentation failed to provide the patient had issues of abuse, addiction, or poor pain control. Given the above, the request for a urine drug screen performed 06/03/2013 is not medically necessary.

Continued physical therapy for the lumbar spine, bilateral hands, and right elbow, two (2) times a week for four (4) weeks, DOS: 7/22/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Clinical documentation submitted for review failed to provide the patient's response to the previous therapy. Additionally, it failed to provide the number of sessions the patient had participated in and it failed to document functional deficits for the patient to support ongoing therapy. Given the above, the request for continued physical therapy to the lumbar spine, bilateral hands, and right elbow 2 times a week times 4 weeks is not medically necessary.