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| Case Number: | CM13-0033460 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 04/26/2006 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 10/09/2013 |

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 Occupational Medicine, 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:

Patient is a 67-year-old who has submitted a claim for chronic pain syndrome, prescription narcotic dependence, cervical spondylosis, thoracic spondylosis, lumbar spondylosis, lumbar radiculopathy, neuropathic pain, myofascial syndrome, tension headaches and insomnia associated with an industrial injury date of April 26, 2006. Medical records from 2013 were reviewed which revealed persistent pain in her legs and neck graded 7/10. Physical examination showed trigger points in the bilateral paraspinal musculature from C4-C7 and from L4-S1. Treatment to date has included, trigger point injections. Medications taken include, Suboxone, Tramadol, Ibuprofen, Zanaflex, Colage, Zofran, Fioricet, Lidoderm patch 5%, Nexium, Capsaicin cream, Medrox patch, Xanax and Pristiq. Utilization review from September 12, 2013 denied the request for Fioricet and Topical ketamine/gabapentin/baclofen ointment. Reason for denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet (strength unspecified), 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbituate Containing Analgesic Agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, 9792.24.2, FDA Fioricet Page(s): 23.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is no discussion in the documentation concerning the need for use of unsupported medication. Therefore, the request for Fioricet (strength unspecified), 120 count, is not medically necessary.

Topical Ketamine/Gabapentin/Baclofen ointment (strength and quantity unspecified):
Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, ointment requested contains 3 active ingredients; Ketamine, Gabapentin and Baclofen. Regarding Ketamine, Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Regarding Gabapentin, the Chronic Pain Medical Treatment Guidelines does not support the use of gabapentin as a topical formulation. Lastly, regarding Baclofen, the Chronic Pain Medical Treatment Guidelines does not recommend Baclofen as a topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request for Topical Ketamine/Gabapentin/Baclofen ointment (strength and quantity unspecified) is not medically necessary.