

Case Number:	CM13-0038285		
Date Assigned:	12/18/2013	Date of Injury:	10/21/2005
Decision Date:	03/12/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

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 Orthopedic Surgeon and is licensed to practice in Arkansas and Texas. 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. 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 61-year-old female who reported an injury on 10/21/2005. The patient is diagnosed with arthropathy with nerve disturbance, brachial neuritis, and anomaly of the spine, headache, esophageal reflux, obstructive sleep apnea, and rickets. There was no clinical documentation submitted for this review. Therefore, there is no evidence of a recent physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Norco 10/325 mg, #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no clinical documentation submitted for review.

Therefore, there is no evidence of a recent physical examination, indicating functional improvement as a result of ongoing use of this medication. Additionally, there is no evidence of a failure to respond to non-opioid analgesics. Based on the lack of clinical information received and the California MTUS Guidelines, the request for Norco 10/325 mg, #15 is non-certified.

Flurbiprofen 20% gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state 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. There was no clinical documentation submitted for this review. Therefore, there is no evidence of a recent physical examination, indicating neuropathic pain. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the lack of clinical information received and the California MTUS Guidelines, the request for Flurbiprofen 20% gel is non-certified.

Ketoprofen 20%/Ketamine 10% gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state 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. There was no clinical documentation submitted for this review. Therefore, there is no evidence of a recent physical examination, indicating neuropathic pain. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Ketamine is not recommended, as there is insufficient evidence to support the use of ketamine for the treatment of chronic pain. Based on the lack of clinical information received and the California MTUS Guidelines, the request for Ketoprofen 20%/Ketamine 10% gel is non-certified.

Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state 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. There was no clinical documentation submitted for this review. Therefore, there is no evidence of a recent physical examination, indicating neuropathic pain. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Gabapentin is not recommended, as there is no peer-reviewed literature to support its use. Muscle relaxants are also not recommended, as there is no evidence for use of any muscle relaxant as a topical product. Based on the lack of clinical information received and the California MTUS Guidelines, the request for Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% 120 gm is non-certified.