MAXIMUS Federal Services

Case Number:	CM13-0039386		
Date Assigned:	12/18/2013	Date of Injury:	04/15/2007
Decision Date:	02/12/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/04/2013

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 Surgery, 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. 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 claimant is a 35-year-old female who was injured in a work related accident on April 15, 2007. The clinical record indicated chronic complaints of pain about the low back as well as the shoulder. There was no formal imaging available for review. There was documentation that the claimant had been treated recently with chronic medication management in the form of multiple topical compounds as well as omeprazole, "Ultra Pap" and diclofenac. Records indicated a prior left shoulder surgical process in the form of an arthroscopy with specific findings not noted. There was also indication that the claimant had been treated with a TENS device, home exercise program and work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketocapiderma Gel-Keto 20%, Cap 0.0375, Menthol 10%: Upheld

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

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

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the combination topical that contains Capsaicin, ketoprophene, and menthol would not be indicated. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guideline criteria would not support the role of ketoprophene which is a non Food and Drug Administration (FDA) approved medication in the topical setting. Guidelines would also not indicate Capsaicin at dosages greater than 0.0250. The specific request in this case thus would not be indicated as if any one agent would not be indicated, the agent as a whole would not be supported.

Baclosodol 5mg/30mg: Upheld

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

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

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the combination agent that contains Baclofen would not be indicated. It is unclear as to the route of this medication. When looking at chronic use of muscle relaxants, they are not typically indicated in the chronic pain setting, only being utilized for short term symptomatic relief of acute exacerbations. The records in this case do not indicate an acute exacerbation of the claimant's symptoms. The continued role of this particular agent would not be indicated.

Flexesium 10mg/200mg cap: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Section: Muscle relaxants.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the medication Flexesium would not be indicated. This medication is also a muscle relaxant and for reasons cited in question #2 it also would not be indicated without evidence of acute exacerbation or for chronic use in the claimant's current clinical setting.

Gabaketo 6%/10%/10%: Upheld

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

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

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the combination agent Gabaketo would not be indicated. Gabapentin and ketoprophene are not recommended for topical use based on Guideline criteria and the role of ketoprophene is not recommended by the Food and Drug Administration (FDA) for topical use. The lack of supporting evidence for the agents in this compound would fail to necessitate its use.

Ultra Pap 25mg/50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section:Opioids pages 76-80. Page(s): 76-80.

Decision rationale: The request for Ultra Pap would not be indicated. At present, the role of opioid therapy would not be indicated in this case with no documentation of benefit or long term efficacy noted. There is no indication of significant improvement from a physical examination or functionality point of view that would support continued use of short acting narcotic analgesics at this stage in the claimant's chronic course of care.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section: NSAIDs, GI symptoms & cardiovascular risk..

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, protective GI medication omeprazole would not be indicated. When looking at California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Risk Factor Criteria for necessitation for use of a proton pump inhibitor, the claimant fails to meet any specific outlying Guideline. The continued role of this agent from a protective perspective would not be indicated as necessary.