

Case Number:	CM13-0041162		
Date Assigned:	12/20/2013	Date of Injury:	07/01/2008
Decision Date:	03/17/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/11/2013

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, 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 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:

This is a 46 year-old female with a 7/1/08 industrial injury claim. The diagnosis from the 8/6/13 report is 4-months status post anterior and posterior decompression and fusion with residuals predominantly in the anterior abdominal incision, otherwise doing reasonably well with good evidence of fusion progression on x-ray. The surgery was on 3/14/13. The IMR (Independent Medical Review) application shows a dispute with the 10/7/13 UR (utilization review) decision, which is from [REDACTED] involving non-certification for Flurbiprofen gel, omeprazole; Soma; Ketoprofen/ketamine gel, and gabapentin/cyclobenzaprine/capsaicin gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% gel 120 gm: Upheld

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

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

Decision rationale: The MTUS states "there is little evidence to utilize topical NSAIDs (Nonsteroidal anti-inflammatory drugs) for treatment of osteoarthritis of the spine, hip or

shoulder." The latest reports state the instructions were to "apply to the affected area" and show the diagnosis as post-spinal fusion. The use of the topical NSAID flurbiprofen is not in accordance with MTUS guidelines. Therefore, the request is not certified.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68-69.

Decision rationale: There is no discussion of the MTUS risk factors for GI (gastrointestinal) events, and the patient does not appear to be taking NSAIDs (Nonsteroidal anti-inflammatory drugs). The use of Omeprazole does not appear to be in accordance with MTUS guidelines. Therefore, the request is not certified.

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The records show the patient has been using Soma since at least 5/14/13. The MTUS states specifically that it is not recommended longer than a 3-week period. The continued use of Soma will exceed MTUS recommendations. Therefore, the request is not certified.

Ketoprofen 20%/Ketamine 10% gel 120gm: Upheld

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

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

Decision rationale: The MTUS states that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended" and "Only FDA (Food and Drug Administration)-approved products are currently recommended." And "non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application." Any compounded topical that contains the non-recommended Ketoprofen would not be recommended, so the request for the topical compound medication with Ketoprofen is not in accordance with MTUS guidelines. Therefore, the request is not certified.

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

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

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

Decision rationale: The MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS specifically states topical Gabapentin is not recommended. The request for gabapentin/cyclobenzaprine/capsaicin topical is not in accordance with MTUS guidelines. Therefore, the request is not certified.