MAXIMUS Federal Services

Case Number:	CM13-0044293		
Date Assigned:	06/09/2014	Date of Injury:	02/28/2013
Decision Date:	07/15/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/28/2013

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in 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 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:

The injured worker is a 41 year old male injured on 02/28/13 due to undisclosed mechanism of injury. Current diagnoses included lumbar spine herniated nucleus pulposus with radiculopathy and left knee sprain/strain. Clinical documentation dated 10/02/13 indicated the injured worker presented complaining of low back and left knee pain. Objective findings included full range of motion of the lumbar spine with tenderness to palpation of the paraspinal muscles, negative straight leg raise, and tenderness to palpation of the left knee. Treatment recommendations included chiropractic therapy, acupuncture, topical analgesic, pain management consultation, and modified work restrictions. Clinical note dated 10/07/13 indicated the injured worker presented complaining of low back pain. Objective findings included tenderness to palpation with decreased range of motion on flexion/extension of the lumbar spine. Treatment plan included prescriptions for Anaprox DS, Prilosec, Fexmid, Genicin, tramadol/L-carnitine, Terocin topical cream, gabacyclotram, flurbiprofen cream, and baclofen/flurbiprofen/acetyl-carnitine.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN (NAP) CREAM-L 180G: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Topical analgesics Page(s): 111.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Ketoprofen has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Ketoprofen (NAP) Cream-L 180G cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

90 CAPSULES OF CENICIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: Glucosamine is recommended as an option given its low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. The documentation does not indicate the injured worker has a history of osteoarthritis of the knee necessitating the the use of glucosamine. As such, the request for 90 capsules of Genicin cannot be recommended as medically necessary.

30 PATCHES OF MEDROX: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Topical analgesics Page(s): 111.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Medrox is noted to contain capsaicin, lidocaine, menthol, and methyl salicylate. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, the components of this compound are readily available in an over-the-counter formulation. As such, the request for 30 patches of Medrox cannot be recommended as medically necessary.

100 TABLETS OF LAXACIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: Prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. Additionally, there is indication that the injured worker cannot utilize the readily available over-the-counter formulation of the medication. Additionally, current guidelines do not recommend the use of medical foods or herbal medicines. As such, the request for 100 tablets of Laxacin cannot be recommended as medically necessary.