

Case Number:	CM13-0046742		
Date Assigned:	12/27/2013	Date of Injury:	06/05/2010
Decision Date:	02/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/01/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 female with an unknown date of birth who reported an injury on 06/05/2010. The mechanism of injury was noted to be a fall. The patient's diagnoses include lumbar radiculopathy, left shoulder internal derangement, right distal fibular fracture, right ankle internal derangement, rule out right ulnar fracture, and anxiety reaction. Her medications were noted to include Ketoprofen 75 mg daily, Omeprazole 20 mg daily, Norco 5/325 mg twice a day, and Medrox pain relief ointment twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medrox pain relief ointment twice a day: 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 Topical analgesics Page(s): 111-113.

Decision rationale: Medrox pain relief ointment is noted to include Capsaicin 0.0375%, menthol 5%, and methyl salicylate 20%. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. Additionally, the guidelines state that for compounded products, any product that

contains at least 1 drug (or drug class) that is not recommended is not recommended. In regard to topical Capsaicin, this treatment is recommended only for patients who have not responded or are otherwise intolerant to other treatments. Additionally, the guidelines specifically state that there have been no studies of a 0.0375% formulation of Capsaicin and there are no current indications that an increase over a 0.025% formulation would provide any further efficacy. The clinical information submitted for review failed to provide details regarding previous medications that the patient was unresponsive or intolerant to in order to warrant the use of topical Capsaicin. Additionally, the patient is noted to be concurrently taking an NSAID medication and an opioid. Moreover, Medrox contains the 0.0375% formulation of Capsaicin which is not recommended by guidelines, as they indicate that an increase over a 0.025% formulation is not recommended. For these reasons, the request is non-certified.

30 capsules of Ketoprofen 75 mg: 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 Anti-inflammatory medications Page(s): 22.

Decision rationale: According to the California MTUS Guidelines, anti-inflammatory medications are the traditional first line of treatment to reduce pain so activity and functional response can resume, but long-term use may not be warranted. The patient's injury was noted to have been more than 3 years ago, and the patient's duration of use of Ketoprofen is not made clear by the clinical information submitted. Additionally, the patient's recent office notes failed to provide evidence of continued therapeutic activities and efforts to regain function in order to warrant continued use. Moreover, there was no specific documentation regarding the patient's outcome on this medication. In the absence of these details, the continued use of Ketoprofen 75 mg is not supported. As such, the request is non-certified.

30 capsules of Omeprazole 20: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients with dyspepsia due to NSAID use or for patients taking NSAID medications who have been noted to be at risk for gastrointestinal events. The clinical information provided for review failed to provide evidence of dyspepsia related to NSAID use or specific gastrointestinal risk factors. In the absence of this medication, the request is not supported. As such, the request is non-certified.