

Case Number:	CM13-0049016		
Date Assigned:	06/09/2014	Date of Injury:	08/10/2009
Decision Date:	08/08/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	11/07/2013

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 Occupational Medicine, 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 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 claimant was injured on 8/10/09. The claimant has chronic low back and knee pain requiring the use of medications. He also has a history of gastrointestinal symptoms from the use of medications. On 1/2/13, [REDACTED] prescribed topical medications for the left knee and low back and also Ultracet and Restoril. He was also prescribed topical medications on 1/28/13. On 2/2/13, he saw [REDACTED]. Selective epidural blocks were requested and also medial branch blocks. There was not much change in his pain and he wanted to have the injections. He was not a good candidate for surgery. He was taking several oral medications and was using Lidoderm ointment and capsaicin. His medications were continued. On 7/1/13, a urine drug screen was done. His drug screens have been described as being consistent with his medication use. He reportedly had significant GI distress and is status post left knee arthroscopic surgery in August 2012. [REDACTED] saw him on 6/17/13 and indicated that he was taking his medications appropriately and the urine drug screens were consistent. On 7/1/13, the claimant was prescribed ibuprofen and Prilosec, and was taking Norco. He was using creams and ibuprofen due to GI distress.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAKETO TOPICAL OINTMENT (GABAPENTIN/KETOPROFEN/LIDOCAINE 6%10%5% LDS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS states that topical agents may be recommended as an option, but 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. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence of failure of all other first line drugs in this case. Trials of acetaminophen, NSAIDs, antidepressants, and antineuropathic medications have not been shown to have failed as the claimant has been advised to continue ibuprofen. He also has been prescribed other oral medication (Ultracet). Topical gabapentin is not recommended and topical ketoprofen is not FDA-approved due to potentially serious side effects. In addition, topical lidocaine is only recommended in the form of Lidoderm patch. The medical necessity of this request has not been clearly demonstrated.

CAPSAICIN TOPICAL OINTMENT (CAPSAICIN/MENTHOL 0.0375%10%5 LDS):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS states that topical agents may be recommended as an option, but 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. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Trials of acetaminophen, NSAIDs, antidepressants, and antineuropathic medications have not been shown to have failed as the claimant has been advised to continue ibuprofen. He also has been prescribed other oral medication (Ultracet). Topical capsaicin is only recommended in cases of intolerance to first line drugs. In addition, the MTUS state that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The medical necessity of this request for capsaicin at the higher dose (0.0375%) has not been clearly demonstrated.

URINE TOXICOLOGY: 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 Page(s): 77.

Decision rationale: The MTUS states that drug testing may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In this case, the claimant appears to be low risk and no red flags have been documented. He has had extensive care and there is no evidence that noncompliance with medication use or suspicion of inappropriate medication use or illegal drugs is suspected. In fact, the providers have indicated that his past drug screens have been consistent with his prescribed medications. The medical necessity of this request has not been clearly demonstrated.