MAXIMUS Federal Services

Case Number:	CM13-0049602		
Date Assigned:	12/27/2013	Date of Injury:	10/08/2012
Decision Date:	06/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/08/2013

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 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 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 patient is a 48-year-old male with a 10/8/2012 date of injury. He has been diagnosed as: status post left total hip arthroplasty on 5/2/13 with residual chronic pain; left groin pain with iliofemoral and ilioinguinal tendonitis; myofascial pain syndrome of left groin and buttock with spasms, especially in the piriformis; left greater than right trochanteric bursitis; low back pain, rule out herniated nucleus pulposus (HNP) and degenerative arthritis of the lumbar spine. According to the 8/22/13 pain management report from [redacted], the patient presents with 7-8/10 pain in the anterior and posterior left hip. He takes Norco 10/325mg and ibuprofen 800mg. Medications and hot packs relieve the pain. The plan was to discontinue Norco and prescribe Oxycodone 30mg every 8 hours; and topical compounds. On 10/11/13, the utilization review (UR) provided a retrospective denial for oxycodone and the topical compounds prescribed on 8/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVEREQUEST FOR OXYCODONE 30MG, ONE (1) TABLET EVERY EIGHT (8) HOURS (DATE OF SERVICE: 8/22/2013): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PART 2 - PAIN INTERVENTIONS AND TREATMENT; OPIOIDS, CRITERIA FOR USE Page(s): 76-80.

Decision rationale: According to the 8/22/13 pain management report from the treating physician, the patient presents with 7-8/10 pain in the anterior and posterior left hip. He had a total hip replacement on 5/3/2013. He was taking Norco 10/325mg and Ibuprofen, and the treating physician switched the Norco to Oxycodone 30mg, and added compounded topical medications. This independent medical review (IMR) is for the Oxycodone 30mg one (1) tab every eight (8) hours. The records show the patient had 7-8/10 pain levels despite taking Norco and ibuprofen. The physician is attempting to try oxycodone for better pain control than hydrocodone. The Chronic Pain Guidelines indicate that "With regard to the frequency and intensity requirements, the treating physician is required, as stated in the Introduction of these guidelines at page 7, to exercise clinical judgment by "tailoring medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies." The request trial of Oxycodone appears to be in accordance with MTUS guidelines. Recommendation is to overturn the utilization review (UR) denial and approve the Oxycodone trial.

RETROSPECTIVE REQUEST FOR COMPOUND TOPICAL MEDICATION: TRAMADOL 20%/BACLOFEN 5% (DATE OF SERVICE: 8/22/2013): Upheld

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

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

Decision rationale: According to the 8/22/13 pain management report from the treating physician, the patient presents with 7-8/10 pain in the anterior and posterior left hip. He had a total hip replacement on 5/3/2013. He was taking Norco 10/325mg and Ibuprofen, and the treating physician switched the Norco to Oxycodone 30mg, and added compounded topical medications. This independent medical review (IMR) is for the compounded topical medication that contains tramadol 20% and baclofen 5%. The Chronic Pain Guidelines indicate that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested compound contains baclofen. The guidelines specifically states that topical baclofen is not recommended. Therefore, the whole compounded product that contains baclofen is not recommended. Recommendation is to uphold the utilization review (UR) denial for the topical compound with 20% tramadol and 5% baclofen.

RETROSPECTIVE REQUEST FOR COMPOUND TOPICAL MEDICATION: GABAPENTIN 10%/ TRAMADOL 20%/ LIDOCAINE 5% (DATE OF SERVICE: 8/22/2013): Upheld

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

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

Decision rationale: According to the 8/22/13 pain management report from the treating physician, the patient presents with 7-8/10 pain in the anterior and posterior left hip. He had a total hip replacement on 5/3/2013. He was taking Norco 10/325mg and Ibuprofen, and the treating physician switched the Norco to Oxycodone 30mg, and added compounded topical medications. This independent medical review (IMR) is for the compounded topical that contains gabapentin 10%, tramadol 20%, and lidocaine 5%. The Chronic Pain Guidelines indicate that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compounded topical contains gabapentin. The guidelines specifically states that topical gabapentin is not recommended. Therefore the whole compounded topical that contains gabapentin is not recommended. Recommendation is to uphold the utilization review (UR) denial for the compounded topical that contains 10% gabapentin, 20% tramadol and 5% lidocaine.

RETROSPECTIVE REQUEST FOR COMPOUND TOPICAL MEDICATION: KETAMINE 10%/ GABAPENTIN 10%/ AMITRIPTYLINE 10%/ CLONIDINE 2% (DATE OF SERVICE: 8/22/2013): Upheld

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

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

Decision rationale: According to the 8/22/13 pain management report from the treating physician, the patient presents with 7-8/10 pain in the anterior and posterior left hip. He had a total hip replacement on 5/3/2013. He was taking Norco 10/325mg and Ibuprofen, and the treating physician switched the Norco to Oxycodone 30mg, and added compounded topical medications. This independent medical review (IMR) is for the compounded topical that contains Ketamine 10%, gabapentin 10%, amitriptyline 10% and clonidine 2%. The Chronic Pain Guidelines indicate that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compounded topical contains Ketamine. The guidelines state that topical Ketamine is under study. The compounded topical is also reported to contain gabapentin. The guidelines specifically states that topical gabapentin is not recommended. Therefore, the whole compounded topical that contains gabapentin is not recommended. Recommendation is to uphold the utilization review (UR) denial for the compounded topical that contains 10% Ketamine, 10% gabapentin, 10% amitriptyline and 2% clonazepam.