

Case Number:	CM13-0054665		
Date Assigned:	12/30/2013	Date of Injury:	04/19/2007
Decision Date:	04/30/2014	UR Denial Date:	11/08/2013
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 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:

This is a male patient with a date of injury dated April 19, 2007. A progress note dated November 4, 2014 includes subjective complaints of right arm pain with associated numbness with increased pain of the right arm present for one week. The pain level reported at the time of visit was a 7 on a 10 scale the patient reported a pain level of 7 on a 10 scale with medications and a pain level of 10 on a 10 scale without medications. There were no objective findings documented. Diagnoses include complex regional pain syndrome type I, right hand and wrist sprain/strain, status post crush injury of the right hand, chronic pain related insomnia, chronic pain related anxiety, and neuropathic pain. The treatment plan recommends a urine drug screen, Nucynta 100 mg every six hours for breakthrough pain, Colace 100 mg three times daily for constipation, Pristiq 50 mg once a day, Catapres 0.2 mg/24 hours once a week, Elavil 25 mg 1 to 2 tablets at bedtime, Lyrica 150 mg twice a day, Anaprox 550 mg three times daily as needed for inflammation/pain, Prilosec 20mg qd for GERD due to NSAID, discontinue fluriflex, and start Ketoprofen apply three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF KETOFLEX OINTMENT 240 GM: Upheld

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

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

Decision rationale: Regarding the request for topical compound cream of Ketoflex (ketoprofen/Flexeril). Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Oral NSAIDs contain significantly more guideline support. Guidelines state that topical NSAIDs are recommended for short-term use. CA MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical muscle relaxants. Within the documentation there is indication that the oral NSAID is not being well tolerated by the patient. Additionally, the patient trialed Fluriflex (Flurbiprofen/Flexeril), a topical NSAID, for 6 months without any clear documentation stating if it was helpful or if it caused side effects. There is no clear documentation reporting if the topical NSAID currently requested is intended for short term use, as recommended per the guidelines. Additionally, there is no documentation of analgesic benefit or objective functional improvement from the use of this medication. Regarding the request for Flexeril cream, guidelines do not support its use in topical form. In light of the above issues, the currently requested Ketoflex (ketoprofen/Flexeril) cream is not medically necessary.

1 PRESCRIPTION OF ELAVIL 25MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: Regarding the request for Elavil, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Per the guidelines, sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The guidelines state that the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Within the documentation available for review, Elavil has been prescribed for insomnia. There are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Elavil treatment. Nor does the documentation provide any identification that the Elavil provides specific analgesic effect (in terms of reduced numeric rating scale or percent

reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. In light of the above issues, the currently requested Elavil is not medically necessary.