

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0057234 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 10/01/2002 |
| Decision Date: | 04/09/2014 | UR Denial Date: | 10/25/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

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 Neurology, has a subspecialty in Neuromuscular 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 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 45 year old woman who sustained a work related injury on October 1 2002. Subsequently, she developed chronic neck pain and back pain, bilateral knee pain and right ankle. According to a note dated on October 25 2013, the patient continued to have a chronic pain rated 7.5 out of 10. She was diagnosed with cervical radiculopathy, left shoulder impingement, right ankle and chronic pain syndrome. The provider requested authorization to use Vicodin and Ketoflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: Vicodin is a short acting opioid recommended for a short period of time in case of a breakthrough pain or in combination with long acting medications in case of chronic pain. There is no clear evidence of a breakthrough of back pain or acute lumbar root

compression. Therefore, the request for Vicodin ES 7.5/750mg #60 is not medically necessary until more information about the patient is available.

Prescription of Ketoflex ointment: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Ketoflex is used for osteoarthritis pain. According to the patient file, there is no clear documentation that the patient developed osteoarthritis. In addition, there is no controlled study supporting its efficacy for chronic back pain. Based on the above Ketoflex ointment is not medically necessary.