MAXIMUS Federal Services

Case Number:	CM13-0059008		
Date Assigned:	12/30/2013	Date of Injury:	09/22/2012
Decision Date:	03/27/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/27/2013

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 and Rehabilitation; Pain Management 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 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:

This is a 55 year old male who was injured on 9/22/12. According to the IMR application, there is a dispute with the 11/7/13 decision. The decision was by [redacted], and was based on the 10/31/13 PR2, and recommended against use of Keto-lido cream, and modification to a prescription for Norco. The 10/31/13 PR2 was not provided for this IMR review. According to the 9/30/13 report from [redacted], the patient reports 4-7/10 pain involving the left knee, leg foot and ankle. He was reported to take Norco, 2-3/day, but there is no reporting on efficacy. The diagnoses includes: thoracic pain, left hip trochanteric bursitis; left knee pain, s/p IM rodding of tibia; s/p distal left tibia fracture, s/p ORIF, s/p left ankle ORIF, s/p left calcaneal fracture; s/p left foot and ankle crush injury; disuse osteoporosis left foot and ankle; severe epigastric pain consistent with GERD aggravated with NSAIDs, rectal bleed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto-Lido cream 240gm with 1 refill: Upheld

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

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

Decision rationale: The patient presents with left lower extremity pain, s/p crush injury. MTUS states Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical compound provided for review contains Ketoprofen. MTUS specifically states that the Ketoprofen is not FDA approved for topical applications. The whole compounded topical that contains Ketoprofen is not recommended.

Norco 10/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Opioid Page(s): 88-89.

Decision rationale: The patient presents with left lower extremity pain, s/p crush injury. The 12/9/13 report from [redacted], does not discuss efficacy of the medications.The 10/28/13 report from [redacted], did not discuss efficacy and the 10/21/13, 8/29/13, 8/12/13, 8/9/13, 7/10/13, or 6/19/13 reports from [redacted] did not discuss efficacy. I have reviewed records going back 6 months and there are no reports that Norco helps with pain, or improves function or quality of life. The MTUS criteria for opioids requires documenting pain and functional improvement and compare to baseline. It states a satisfactory response is indicated by the patient's decreased pain, increased level of function or improved quality of life. If the response is not satisfactory, MTUS recommends reevaluating the situation and to consider other treatment modalities. The reporting does not discuss baseline pain or function levels and the follow-up reports do not compare pain or function to baseline measurements. The MTUS reporting requirements for use of opioids has not been met. The request is not in accordance with MTUS guidelines.