

Case Number:	CM13-0059484		
Date Assigned:	12/30/2013	Date of Injury:	08/27/1999
Decision Date:	03/27/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family Medicine, and is licensed to practice in Arizona. 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 72-year-old male with a date of injury on August 27, 1999. Diagnoses include right leg complex regional pain syndrome, lumbar radiculopathy, compression neuropathy of deep peroneal nerve, low back pain. The patient's subjective complaints are of ongoing persistent burning pain in the left knee and ankle, and symptoms of complex regional pain syndrome in the right leg, as well as headaches. Physical findings show tenderness over the left buttock with decreased range of motion, hyperesthesia in left L3-4 dermatomes, and allodynia in the right leg around the knee. The patient's treatment has included epidural steroid injections, spinal cord stimulator, and medications. Medication therapy includes Fioricet for headaches, ketoprofen/gabapentin/lidocaine rub for upper back and neck burning pain, Lidoderm for leg neuropathic pain, and flector. The patient's pain is noted to be 6/10 with medications and spinal cord stimulator. Documentation shows functional improvement and increased activities of daily living on current regimen. The patient has difficulty with multiple medications, including unable to tolerate oral NSAIDs. There is also noted failure of Lyrica, gabapentin, and Cymbalta for neuropathic pain symptoms

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Fioricet, prescribed on October 15, 2013: Upheld

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

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

Decision rationale: The California MTUS guidelines do not recommend barbiturate-containing compounds for chronic pain. There is potential for dependence and the barbiturate component of the medications does not have evidence of enhanced analgesic efficacy. For headache therapy, there is a substantial risk of rebound symptoms with ongoing use. This patient is utilizing Fioricet for headaches. Since guidelines do not recommend Fioricet for chronic pain, and can contribute to a sustained rebound headache cycle, the medical necessity of Fioricet is not established.

Retrospective request for Flector Patches, prescribed on October 15, 2013: Overturned

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: The California MTUS guidelines indicate that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. California MTUS guidelines also indicate that topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support their use. However, guidelines do indicate that they are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints amenable to topical treatment. For this patient the submitted records show that Flector is to be used for pain of the right knee. It is clear from the record that patient has failed oral NSAIDs and multiple other medications. There is evidence that the patient was getting pain relief and functional improvement with the medication regimen. Therefore, due to failure of oral NSAIDs and medication being efficacious for the patient's knee pain, the prescription for Flector is medically necessary and appropriate.

Retrospective request for Lidoderm 5% patches, prescribed on October 15, 2013: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: The California MTUS guidelines recommend Lidoderm as a second line treatment for localized peripheral pain after there has been evidence of first line therapy treatment failure. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. This patient has documented

failure of multiple first line medications for neuropathic pain. Medical records indicate that the patient has experienced decreased pain and functional improvement with use of this medication. Therefore, the request for Lidoderm patches is medically necessary and appropriate.

Retrospective request for compounded Ketoprofen, Gabapentin Lidocaine rub: 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: The Chronic Pain Medical Treatment Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines ketoprofen, gabapentin, and lidocaine. Guidelines do not recommend topical gabapentin as no peer-reviewed literature supports its use. The patient is already using Flector patches, an additional topical NSAID would not be appropriate. In addition, ketoprofen specifically does not have FDA approval for this indication. Furthermore, no topical lidocaine creams or gels, with the exception of Lidoderm patch, are recommended for neuropathic pain. For these reasons, the medical necessity of this medication is not established.