

Case Number:	CM13-0062686		
Date Assigned:	12/30/2013	Date of Injury:	09/28/2006
Decision Date:	03/24/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal Medicine, and is licensed to practice in the District of Columbia and Virginia. 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 75 year old male who sustained an injury on Sept 28 2006. Thereafter, he had to be treated for chronic pain syndrome, myofascial syndrome, insomnia secondary to pain, and neuropathic pain. ██████ saw the patient on Oct 30 2012 for ongoing back pain. He was found to have an aberrant result of his urine drug test and the patient admitted to taking his wife's Norco. He was prescribed Percocet 10/325 tid and qhs, Gabapentin 600mg bid, Bu Trans patch 10 mcg/hr weekly, Medrox patch q8h, keto/lido ointment topically tid. ██████ saw the patient on Nov 28 2012 for ongoing leg weakness. He was prescribed Percocet 10/325 tid and qhs, Gabapentin 600mg bid, Bu Trans patch 10 mcg/hr weekly, Medrox patch q8h, keto/lido ointment topically tid. He had urine drug testing reported on Dec 8 2012. ██████ saw the patient on Dec 26 2012 for ongoing back pain. He was prescribed Percocet 10/325 tid and qhs, Gabapentin 600mg bid, Bu Trans patch 10 mcg/hr weekly, Medrox patch q8h. His lido/keto ointment was stopped and flurifex ointment was started.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates: Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89, 93-94.

Decision rationale: According to the MTUS guidelines, urine drug testing should be done 2 times per year and the frequency can be increased if there are signs of abuse or addiction. Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources. According to review of the clinical documentation provided, this employee had some concerning behavior which would place him at high risk for abuse of opiates. The employee did have a positive urine drug screen in Oct 2012 and endorsed using another patient's opiate medication. This would warrant closer monitoring and is medically indicated.

Ketofen mild ointment 240 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 72, and 112.

Decision rationale: Ketofen contains Ketoprofen and Lidocaine. According to the MTUS Guidelines, for ketoprofen, this agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. According to the MTUS Guidelines, for lidocaine, topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied

large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. There is not much evidence to support the topical intervention here. Thus, this is not medically approved according to the MTUS guidelines.