

Case Number:	CM13-0067805		
Date Assigned:	01/03/2014	Date of Injury:	03/12/2011
Decision Date:	04/21/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/18/2013

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 & Rehabilitation, and is licensed to practice in Texas. 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:

The patient is a 63-year-old female who reported an injury on 03/12/2011 after a reaching and twisting motion reportedly caused sudden onset of right arm and low back pain. The patient ultimately underwent fusion surgery at the L3-4 and L4-5. The patient had postsurgical treatment to include physical therapy for the lumbar spine and right shoulder, a back brace for the lumbar spine and multiple medications. The patient's most recent clinical evaluation documented that the patient had right knee range of motion described as 140 degrees in flexion and 0 degrees in extension with left knee range of motion described as 130 degrees in flexion and 0 degrees in extension. The patient had a positive McMurray's test bilaterally with medial joint line tenderness bilaterally. The patient's diagnoses included status post 360 degree fusion, status post right shoulder arthroscopic surgery, gastrointestinal gastroesophageal reflux disease secondary to prolonged medication use, cervical spine myofascial pain, and bilateral knee musculoligamentous sprain/strain. The patient's treatment recommendations included continued use of medications and continuation of physical therapy

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE FLURBIPROFEN/ETHOXY DISPESNED 9/10/13: 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): 111-113.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has ongoing pain to multiple body parts to include the lumbar, cervical and right shoulder. However, the MTUS Chronic Pain Guidelines only recommends the use of topical analgesics such as Flurbiprofen for short durations of treatment for major joints. The topical nonsteroidal anti-inflammatory drugs are not recommended for spine pain. The request as it is written does include lumbar and cervical spine. The MTUS Chronic Pain Guidelines does not recommend the use of any topical compounded medication that contains at least 1 drug or drug class that is not recommended. The use of a compounded agent with flurbiprofen would not be considered appropriate. The request is not medically necessary and appropriate

RETROSPECTIVE KETAMINE/KETOPROFEN/ETHOXY: 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): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines does not recommend the use of any topical compounded medication that contains at least 1 drug or drug class that is not recommended. The MTUS Chronic Pain Guidelines does not support the use of ketamine as a topical analgesic unless all primary and secondary treatments have been exhausted. The clinical documentation submitted for review does not clearly identify that the patient has exhausted all primary and secondary postsurgical treatments. Therefore, the use of ketamine as a topical analgesic would not be supported. MTUS Chronic Pain Guidelines also do not support the use of ketaprofen as a topical analgesic as it is not FDA approved to treat neuropathic pain. The request is not medically necessary and appropriate