MAXIMUS Federal Services

Case Number:	CM13-0069699		
Date Assigned:	01/03/2014	Date of Injury:	01/06/2007
Decision Date:	06/04/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/23/2013

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 Illinois. 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 injured worker is a 48 year old male who reported an injury on 01/06/2007 secondary to an unknown mechanism of injury. He was evaluated on 12/03/2013 and reported 6-7/10 low back pain and bilateral leg pain. The injured worker also reported that pain was a 10/10 without pain medications. No recent physical exam findings were documented at the time of the request. Diagnoses included herniated lumbar disc, chronic pain syndrome with related insomnia, and neuropathic pain. Medications were noted to include Opana ER, Opana IR, Lyrica, Voltaren, Skelaxin, Trazadone, and Capsaicin/Baclofen/Ketoprofen compounded ointment. It was noted that the injured worker started using the compounded ointment on 10/23/2013. The injured worker has also submitted to frequent urine drug screens with the last documented drug screen collected on 11/15/2013 which was consistent with prescribed medications at that time. A request for authorization was submitted on 12/03/2013 for urine drug screen and Capsaicin/Baclofen/Ketoprofen compounded ointment to affected areas three times a day for pain #240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: California MTUS Chronic Pain Guidelines recommend ongoing monitoring of potentially aberrant or nonahderent drug-related behaviors in order to continue opioid use. The injured worker was noted to be taking Opana and has submitted to monthly urine drug screens with the last drug screen on 11/15/2013 consistent with prescribed medications. There are no exceptional factors documented that the injured worker is at high risk for misuse, and monthly urine drug screens are therefore excessive based on the guidelines. As such, the request for urine drug screen is not medically necessary.

CAPSAICIN/BACLOFEN/KETOPROFEN COMPOUNDED OINTMENT TO AFFECTED AREAS THREE TIMES A DAY FOR PAIN #240GM: 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 injured worker began using the medication on 10/23/2013 according to the documentation provided. California MTUS state that topical analgesics are largely experimental in use and are primarily recommended for neuropathic pain when trial of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients who have not responded to other treatments and is not recommended as a formulation greater than 0.025%. The injured worker did report mild, quantifiable pain relief with current medications. However, the request as written does not specify the formulation of Capsaicin to be used and it is therefore unclear if the formulation would be supported by evidence-based guidelines. Topical Baclofen is not currently recommended by California MTUS guidelines. Additionally, Ketoprofen is not currently FDA approved for topical application and has been shown to have an extremely high incidence of photocontact dermatitis. Furthermore, guidelines do not support any compound product that contains at least one drug or drug class that is not recommended. The requested medication contains at least two drugs that are not recommended. As such, the request for Capsaicin/Baclofen/Ketoprofen compounded ointment to affected areas three times a day for pain #240gm is not medically necessary.