

Case Number:	CM14-0002613		
Date Assigned:	01/29/2014	Date of Injury:	03/04/2010
Decision Date:	06/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

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 Occupational Medicine, 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 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 66-year-old female who has filed a claim for bilateral knee derangement, left wrist sprain, left hand sprain, and left shoulder derangement associated with an industrial injury date of March 04, 2010. Review of progress notes reports injury to the right hip, lower back, left shoulder, left elbow, left wrist, left hand, bilateral knees, and neck. Patient complains that the hip pain has gone into the right thigh and down the knee. There have been episodes of falling in the past due to right hip tear. Patient notes acute right neck pain, left neck pain radiating into the left arm, and inability to sit on the right hip. Patient walks with a cane. Findings include tenderness and spasms of the cervical region; tenderness and decreased range of motion of the lumbar region; limited range of motion of the left shoulder; right hip tenderness and pain with motion; swollen and tender right and left knees; swollen left elbow; and swollen and tender left wrist. There is decreased sensation in the left C5-6 distribution. Electrodiagnostic study dated February 2013 showed chronic right L5 radiculopathy. Treatment to date has included NSAIDs, opioids, gabapentin, Valium, ketoprofen cream, Mediderm cream, physical therapy, chiropractic therapy, arthroscopic surgery to the left shoulder in January 2012, left trigger thumb release in August 2011, and left knee surgery in October 2012. Utilization review from December 27, 2013 denied the request for Valium 10mg, Terocin lidocaine patch #30, and ketoprofen cream #1. Reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, BENZODIAZEPINES, 23

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 24.

Decision rationale: As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient was restarted on this medication in October 2013 for spasms. Progress note dated November 25, 2013 indicates tapering of this medication as tolerated. There is no documentation regarding benefits derived from this medication. This medication is not recommended for long-term use. Therefore, the request for Valium 10mg #30 was not medically necessary per the guideline recommendations of CA MTUS.

TEROCIN LIDOCAINE PATCH #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 56-57,112.

Decision rationale: Teroцин Patch contains 4% lidocaine and 4% menthol. According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Patient has been on this medication since November 2013. There is no indication regarding intolerance to or failure of first-line therapy. Patient is currently on gabapentin. Therefore, the request for terocin lidocaine patch #30 was not medically necessary per the guideline recommendations of CA MTUS.

KETOPROFEN CREAM #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, TOPICAL ANALGESICS, 111-113

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

Decision rationale: As noted on page 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA-approved for topical application. It has an extremely high incidence of photocontact dermatitis. Patient has been on this medication since November 2013. There is no indication regarding failure of or intolerance to first-line medications. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for ketoprofen cream was not medically necessary per the guideline recommendations of CA MTUS.