MAXIMUS Federal Services

Case Number:	CM14-0105579		
Date Assigned:	09/16/2014	Date of Injury:	10/02/2001
Decision Date:	10/21/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 records presented for review indicate that this 64 year-old male was reportedly injured on October 2, 2001. The most recent progress note, dated September 10, 2014, indicates that there were ongoing complaints of headaches and neck pain with radiation into the bilateral upper extremities. The physical examination demonstrated a 5'9", 162 pound individual with a decrease in cervical spine range of motion. Spurling's test is positive. Decreased sensation is noted in a left C4 distribution. Diagnostic imaging studies objectified surgical changes in the cervical spine. Previous treatment includes surgery, medications, physical therapy, and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 OF 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured worker has chronic pain complaints. However, a review of the available medical records fails to documents any objective or clinical improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.

Topical compound Flurbiprofen 20% 120mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-112 OF 127.

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines note there is little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip, or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant). Therefore, considering the lack of any clinical improvement associated with this medication based on the progress of presented for review, it is clear that The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. Therefore, the request for FluriFlex is not medically necessary.

Topical compound Ketoprofen 20%/Ketamine 10% 120mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-112 OF 127.

Decision rationale: MTUS guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The record provides no documentation that the injured worker has or is taking an oral anti-inflammatory. When noting the claimant's diagnosis and that there is no documentation of intolerance or contraindication to first-line therapies, there is no clinical indication for the use of this medication for the diagnoses noted. Therefore, this request is not recommended.

Topical compound Gabapentin 10%/Cyclobenzaprine 10%/Capsaicine 0.0375% 120mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 113 OF 127.

Decision rationale: MTUS treatment guidelines supports Gabapentin for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, a review of the progress of presented fails to document any signs or symptoms on exam consistent with neuropathic or radicular pain. As such, this request is not considered medically necessary.