

Case Number:	CM14-0013082		
Date Assigned:	02/24/2014	Date of Injury:	12/04/2007
Decision Date:	07/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/01/2014

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 50-year-old female who has submitted a claim for knee contusion, knee sprain, rotator cuff syndrome, lumbosacral sprain, cervical sprain, brachial neuritis and osteoarthritis associated with an industrial injury date of December 4, 2007. Medical records from 2013 were reviewed. The patient complained of low back pain confined primarily to lumbosacral area, and cervical pain with occasional headaches. Pain was rated 3/10 with use of medications and 9/10 without medications. Physical examination showed tenderness over the bilateral cervical paraspinous region with 1+ muscle spasms; stiff ROM of the cervical spine with negative Spurling's; tenderness over the lumbar paraspinous region and exquisite tenderness over the bilateral L4-L5 and L5-S1 facet joints; positive Spurling's with lumbar extension and rotation; limitation of motion of the lumbar spine; and hypersensitivity over the lumbosacral region. The diagnoses were lumbar spine sprain/strain with evidence of lumbar facet arthropathy at L4-L5 and L5-S1; multilevel disc desiccation with multilevel disc bulges at L2-L3 through L5-S1; chronic cervical spine sprain/strain; and cervicogenic headaches. He is being treated with Norco for breakthrough pain; omeprazole for gastrointestinal symptoms; Zoloft for depression; and topical ketoprofen/gabapentin compounded cream for neuropathic pain. Treatment plan includes request for medication refills. Treatment to date has included oral and topical analgesics, lumbar facet medial branch blocks, physical therapy and acupuncture. Utilization review from January 2, 2014 denied the request for Prilosec 20mg #60 because the anti-inflammatory medications causing gastrointestinal upset were already discontinued. The request for ketoprofen, gabapentin, lidocaine compounded cream was also denied because none of the 3 medications in this case are approved for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications And Gastrointestinal Symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : NSAIDs, GI symptoms & cardiovascular risk, page 68 Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI 1 year has been shown to increase the risk of hip fracture. In this case, history of gastritis and dyspepsia due to anti-inflammatories was noted. However, the most recent progress did not show subjective complaints of GI symptoms from current pain medications, which does not include anti-inflammatories. Moreover, the patient does not meet the abovementioned criteria. The medical necessity has not been established. Therefore, the request for Prilosec 20 mg, #60 is not medically necessary.

KETOPROFEN, GABAPENTIN, LIDOCAINE COMPOUNDED CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Topical Analgesics, pages 111-113 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. On the other hand, there is no peer-reviewed literature to support use of topical gabapentin. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, there is no evidence of failure or intolerance to Norco intake that would warrant use of topical pain medications. Moreover, the three drug components of the requested topical medicine were not recommended by the guideline. There is no discussion concerning the need for variance from the guidelines. Therefore, the retrospective request for Ketoprofen, Gabapentin, Lidocaine compounded cream is not medically necessary.

