

Case Number:	CM14-0013513		
Date Assigned:	02/26/2014	Date of Injury:	01/26/2011
Decision Date:	07/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 63-year-old male patient with a 1/26/11 date of injury. He injured himself when he slipped on the slippery floor, fell forward and struck his forehead on the entry door. A 1/6/14 progress report indicated that the patient was doing aqua therapy which was helpful with pain and even decreased his anxiety and depression. The patient stated that his pain was well-controlled with medication and there were no side effects. Physical exam revealed that the patient had a slightly antalgic gait and moved cautiously. He was diagnosed with right eye pain, cephalgia, closed head trauma with loss of consciousness, cervical multilevel disc protrusions, cervical spine stenosis and spondylosis, and lumbar spine sprain with radiculitis, right knee sprain and contusion, head contusion, and insomnia. Treatment to date is medication management and aqua-therapy. There is documentation of a previous 1/29/14 adverse determination; based on the fact that it was not clear what specific functionality has been achieved with paroxetine as opposed to functionality without this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 3 percent/Ketoprofen/10 percent Ultracream (quantity 1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, there was no evidence of functional gains or pain relief following of compound topical analgesics. Therefore, the request for Cyclobenzaprine 3 percent, Ketoprofen 10 percent Ultracream was not medically necessary.

Flurbiprofen 20 percent/Capsaicin 0.025 percent/Menthol 5 percent/Camphor 0.05 percent Ultracream quantity 1: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, it is recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many these agents In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, there was no evidence of functional gains or pain relief following application of compound topical analgesics. Therefore, the request for Flurbiprofen 20 percent/Capsaicin 0.025 percent/Menthol 5 percent/Camphor 0.05 percent Ultracream was not medically necessary.

Gabapentin 6 percent/Ketoprofen 20 percent/Lidocaine HCL 6.15 percent Ultracream (quantity 1): 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 Page(s): 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, there was no documentation of failure oral medication. There was no evidence of functional gains or pain relief following of compound topical analgesics. Therefore, the request for Gabapentin 6 percent/Ketoprofen 20 percent/Lidocaine HCL 6.15 percent Ultracream was not medically necessary.

Paroxetine 20mg quantity 60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The California MTUS does not address this issue. The ODG states that Prozac is recommended as a first-line treatment option for major depressive disorder. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. SSRI's are also recommended as a first-line choice for the treatment of Post-traumatic stress disorder (PTSD). There was a note that aqua-therapy was decreased his anxiety and depression. However there was documentation that antidepressant use was beneficial. In addition guidelines supporting SSRI as a first line therapy for the post-traumatic stress disorder. Therefore, the request for Paroxetine 20mg quantity 60 was medically necessary.