

Case Number:	CM14-0015070		
Date Assigned:	02/28/2014	Date of Injury:	07/15/2010
Decision Date:	06/27/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 Interventional Spine 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 43 year old female with date of injury 7/15/10. The treating physician report dated 1/22/14 indicates that the patient presents with pain affecting the cervical, thoracic and lumbar spine that is rated a 10/10. The utilization review report dated 1/30/14 denied the request for Dyotin, Flurbitac cream, Keratek gel and Vicosetron based on lack of medical necessity and ODG Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYOTIN 250/10 MG, #60: Upheld

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

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

Decision rationale: The patient presents with chronic pain affecting the cervical, thoracic and lumbar spine that is severe and rated a 10/10. Dyotin is a compound medication that combines Gabapentin and Pyridoxine (Vitamin B6). The MTUS Guidelines on page 111 gives a general

statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The ODG Guidelines states for vitamin B, "Not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear." There is no supporting documentation that provides any rationale as to why Vitamin B6 is needed for this patient. The request is not medically necessary.

FLURBITAC 100/100 MG, #60: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The patient presents with chronic pain affecting the cervical, thoracic and lumbar spine that is severe and rated a 10/10. Flurbiprofen is a compound drug that contains Flurbiprofen and the H-2 blocker ranitidine. The treater in this case states, "Cautions must be made in regards to increased GI adverse effects--this is why ranitidine (H2) blocker is combined in this formulation." The MTUS guidelines support Flurbiprofen for osteoarthritis and mild to moderate pain. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." However, in this patient, the patient does not have dyspepsia with NSAID. The treater is using H2 blocker for prophylaxis. MTUS require documentation of GI risk assessment such as age >64, concurrent use of ASA, anticoagulant, history of peptic ulcer disease, etc., for prophylactic use of PPI. The request is not medically necessary.

THERAFLEX CREAM 20%/10%/4% 120 GM: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with chronic pain affecting the cervical, thoracic and lumbar spine that is severe and rated a 10/10. The treating physician states, "Transdermal Flurbiprofen has shown to be statistically significant in reducing severity of pain." In researching Theraflex there is no documentation found to identify the ingredients contained in this pain relief cream. The MTUS Guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The inability to identify what medications are in a compounded agent prevents the ability to consult MTUS for validation of support. Additionally topical NSAIDs are not supported for the treatment of the spine as MTUS states, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The request is not medically necessary.

KERATEK GEL 4OZ.: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with chronic pain affecting the cervical, thoracic and lumbar spine that is severe and rated a 10/10. Keratek gel contains Methyl Salicylate an NSAID. The MTUS Guidelines are specific that topical NSAIDS are for, "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip or shoulder." MTUS does not support the usage of Keratek for treatment of the spine. The request is not medically necessary.

VICOSETRON 5/300/2 MG, #60: 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 Opioids Page(s): 74-96.

Decision rationale: The patient presents with chronic pain affecting the cervical, thoracic and lumbar spine that is severe and rated a 10/10. The treating physician states that Vicosetron (Hydrocodone) is required for pain. MTUS pgs. 88, 89 recommend documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS further requires documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). In this case, the treating physician report dated 1/22/14 does not document pain assessment and function related to opiate use. There is no documentation of numeric scale assessing the patient's function. No Analgesia, ADL's or other measures are provided regarding the use of Vicosetron. As it is, one cannot tell that the patient has had any relief from the chronic usage of Hydrocodone which has been prescribed since at least 7/31/13 in regards to pain or function. The prescription for Vicosetron appears to be a new prescription. This compounded medication contains an unknown ingredient as well as hydrocodone and acetaminophen. MTUS does not support compounded medications that are unidentifiable. The request is not medically necessary.