

Case Number:	CM14-0114069		
Date Assigned:	08/04/2014	Date of Injury:	04/12/2013
Decision Date:	09/22/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/22/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 36-year-old male who reported injury on 04/12/2013. The diagnoses included disc displacement NOS. The mechanism of injury was due to repetitive and continuous activities including heavy lifting. The injured worker's medication histories were noted to include alprazolam 1 mg tablets 1 by mouth every day, naproxen sodium 550 mg 1 tablet by mouth every day, omeprazole DR 20 mg capsules 1 by mouth every day, and Tylenol with codeine #4, 1 tablet by mouth every day, also, these medications were noted to be utilized since 10/2013. The injured worker underwent an arthroscopic subtotal medial meniscectomy, removal of loose body, limited synovectomy and the placement of a pain pump on 01/31/2014. Other therapies were noted to include postoperative physical therapy. The documentation of 07/03/2014 revealed the injured worker was having severe pain in the right shoulder and moderate neck pain. The injured worker indicated his right shoulder felt worse. The injured worker had severe low back pain. The physical examination was handwritten and difficult to read. The rest of the note was handwritten and difficult to read. The treatment plan included Xanax 1 mg #60, Prilosec 20 mg, #90, gabapentin, ketoprofen and tramadol topical cream, gabapentin oral medication 300 mg, Flexeril 7.5 mg #90, and Tylenol #4, #90. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for the treatment of chronic pain for more than 4 weeks. There is a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication for greater than 4 weeks. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Xanax 1 mg #60 is not medically necessary.

2 Trigger Point Injections of 1cc Celestone, 3cc Xylocaine and Marcaine: 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 Trigger Point Injections Page(s): 121-122.

Decision rationale: The California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing). There was a lack of documentation of the above criteria. There was a lack of documentation indicating the injured worker had circumscribed trigger points with evidence upon palpation of a twitch response and referred pain and that symptoms had persisted for more than 3 months. There was a lack of documentation indicating medical management therapies had failed to control pain. Additionally, the request as submitted failed to indicate the body part to be treated with trigger point injections. Given the above, the request for 2 trigger point injections of 1 cc Celestone, 3 cc Xylocaine and Marcaine is not medically necessary.

Gabapentin, Ketoprofen and Tramadol Topical Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Ketoprofen; Gabapentin; Tramadol Page(s): 111; 112, 113; 82.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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 a topical application. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication previously. There was a lack of documentation of objective functional benefit. There was a lack of documentation indicating a necessity for both an oral and topical form of gabapentin. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency, quantity and percentages for the topical creams. Given the above, the request for gabapentin, ketoprofen and tramadol topical cream is not medically necessary.