

Case Number:	CM14-0119513		
Date Assigned:	08/06/2014	Date of Injury:	03/23/2007
Decision Date:	09/11/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/29/2014

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 Medicine and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 03/23/2007. The mechanism of injury was not provided. On 07/21/2014, the injured worker presented with low back, neck, right shoulder, left knee, and left wrist pain. Current medications included Ambien, Ketamine Cream, Capsaicin Cream, DSS Capsules, Hydrocodone/APAP, Gabapentin Tablets, and Orphenadrine Norflex. The diagnoses were degeneration of the lumbosacral disc, pain in the joint of the shoulder, pain in the joint of the forearm, and lumbago. An MRI of the right shoulder performed on 08/20/2012 noted findings on adhesive capsulitis, moderate cuff tendinopathy, and inflammatory changes across bulky degenerated acromioclavicular joints. Physical examination was within normal limits. The provider recommended Ketamine, Capsaicin, Hydrocodone, and Orphenadrine Norflex. The provider's rationale was not provided. The Request for Authorization form was not included the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO DOS: 5/22/14 Ketamine 5% cream 60gr #1: Upheld

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

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

Decision rationale: The retrospective date of service 05/22/2014 ketamine 5% cream 60 grams with quantity of 1 is not medically necessary. California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The injured worker does not have a diagnosis congruent with the guideline recommendation for a topical cream. Additionally, there is lack of evidence of a failed trial of antidepressants or anticonvulsants. The provider's request does not indicate the site that the cream is intended or the frequency in the request as submitted. As such, the request is not medically necessary.

RETRO DOS: 5/22/14 Capsaicin 0.075% cream #1: Upheld

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

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

Decision rationale: The request for retrospective date of service 05/22/2014 capsaicin 0.075% cream quantity of 1 is not medically necessary. The California MTUS Guidelines state transdermal compounds are topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state capsaicin is for the injured workers who are intolerant to or are unresponsive to other treatments. There is lack of evidence of a failed trial of antidepressants or anticonvulsants. Additionally, the injured worker is not intolerant to or unresponsive to other medications to warrant the need for capsaicin. The provider's request does not indicate the frequency of the medication or the site that is indicated for the request as submitted. As such, the request is not medically necessary.

RETRO DOS: 5/22/14 Hydrocodone-APAP 10-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for retro with date of service 05/22/2014 hydrocodone/APAP 10/325 mg with a quantity of 120 is not medically necessary. California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective

assessment of the injured worker's pain level, functional status, evaluation progress for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

RETRO DOS: 5/22/14 Orphenadrine Norflex ER 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine Page(s): 65.

Decision rationale: The request for retrospective date of service 05/22/2014 orphenadrine Norflex ER 100 mg with a quantity of 90 is not medically necessary. The California MTUS state that this drug is similar to diphenhydramine but has a greater anticholinergic effect. The mode of action is not clearly understood. This medication has been reported in case studies to be abused for euphoria and for mood elevating effects. There was a lack of a complete and adequate pain assessment for the injured worker. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.