

Case Number:	CM14-0130365		
Date Assigned:	09/08/2014	Date of Injury:	07/25/2007
Decision Date:	10/10/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/15/2014

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 and is licensed to practice in Nevada. 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 an injury on 07/25/2007; the mechanism of injury was not provided. Diagnoses included thoracic spine sprain/strain, cervical and lumbar spine myofascial pain syndrome, and musculoligamentous sprain/strain of bilateral wrists. Past treatments included extracorporeal shock wave treatment, physical and manipulating therapy, injections, medications, and a home exercise program. Diagnostic studies included x-rays of the cervical spine, date not specified, which revealed the plate, screws, and graft were all in excellent position and the fusion was probably solid, unofficial. Surgical history included anterior cervical discectomy and fusion at C6-7 on 12/05/2012, and anterior posterior lumbar fusion at L4 to S1 in May 2009. The clinical note dated 07/08/2014 indicated the patient complained of constant headaches, neck pain radiating to the head and bilateral upper extremities, constant bilateral wrist and hand pain, mid and low back pain radiating to the bilateral lower extremities, and spasms in the cervical and lumbar spine. The pain was rated 8-9/10. The injured worker also reported symptoms of anxiety, depression, stress and insomnia. Physical exam revealed trigger points with muscle spasms in the cervical and lumbar spine, and tenderness to palpation over the bilateral wrists. There was no decrease in sensation or muscle strength, and orthopedic testing was negative for the cervical spine. Current medications included Tylenol, ibuprofen and topical creams including Flurbiprofen 20% cream 120 grams; Ketoprofen 20% and Ketamine 10%; and Gabapentin 10%, Cyclobenzaprine 10%, and Capsaicin 0.0375%. The treatment plan included one follow-up visit with pain management specialist, one follow-up visit with private psychiatrist, and one prescription of topical creams including Flurbiprofen 20% cream 120 grams; Ketoprofen 20% and Ketamine 10%; and Gabapentin 10%, Cyclobenzaprine 10%, and Capsaicin 0.0375%. The rationale for the follow-up appointments was not provided. The rationale for topical creams was to provide an adjunctive treatment to allow a reduction in the

total amount of oral medications required, thus minimizing the potential side effects of oral medications. The request for authorization form was signed on 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 follow up visit with Pain Management Specialist between 7/8/2014 and 9/6/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits

Decision rationale: The request for one follow-up visit with pain management specialist is not medically necessary. The Official Disability Guidelines indicate that office visits are recommended. Evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The injured worker reported symptoms of anxiety, depression, stress and insomnia. The injured worker also complained of constant headaches, neck pain radiating to the head and bilateral upper extremities, constant bilateral wrist and hand pain, mid and low back pain radiating to the bilateral lower extremities, and spasms in the cervical and lumbar spine. The injured worker also reported pain rated 8-9/10. There is a lack of documentation of any previous visits with the pain management specialist, including the treatment which occurred previously through the pain management specialist. There is no indication that the injured worker is prescribed opioid medications which would require monitoring. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore the request for one follow-up visit with pain management specialist is not-medically necessary.

1 follow up visit with Private Psychiatrist between 7/8/2014 and 9/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Page(s): 23.

Decision rationale: The request for one follow-up visit with private psychiatrist is not-medically necessary. The California MTUS guidelines note providers should screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. The guidelines noted the initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consideration should be made for a separate psychotherapy cognitive referral after 4 weeks if there is a lack of progress from physical medicine alone. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, total of up to 6-10

sessions over 5-6 weeks. The injured worker reported symptoms of anxiety, depression, stress and insomnia. There is a lack of documentation of any previous visits with a private psychiatrist, including psychological testing or evidence of functional improvement with prior visits. There is a lack of documentation demonstrating the injured worker has significant psychological symptoms which would require visits with a private psychiatrist. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore the request for one follow-up visit with private psychiatrist is not-medically necessary.

1 prescription of topical creams: Flurbiprofen 20% cream 120grams; Ketoprofen 20%/Ketamine 10%; Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% between 7/8/2014 and 9/6/2014: 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 Page(s): 111-113.

Decision rationale: The request for one prescription of topical creams including Flurbiprofen 20% cream 120 grams; Ketoprofen 20% and Ketamine 10%; and Gabapentin 10%, Cyclobenzaprine 10%, and Capsaicin 0.0375% is not medically necessary. The California MTUS Guidelines note topical analgesics 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. Topical NSAIDs, such as Flurbiprofen and Ketoprofen, are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. The guidelines state that topical ketamine is under study, and is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The guidelines indicate that topical gabapentin is not recommended as there is no peer-reviewed literature to support its use. The guidelines indicate that there is no evidence for use of any topical muscle relaxants, including cyclobenzaprine. The guidelines indicate that topical capsaicin, in 0.025% formulation, is recommended as an option in patients who have not responded or are intolerant of other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. There is a lack of clinical documentation to support the diagnosis of osteoarthritis, or to indicate that all primary treatments have been exhausted. The guidelines specifically do not recommend topical gabapentin and muscle relaxants, including cyclobenzaprine, or capsaicin over a 0.025% formulation. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not include indicators of frequency and location for use of the creams. Therefore the request for one prescription of topical creams including Flurbiprofen 20% cream 120 grams; Ketoprofen 20% and Ketamine 10%; and Gabapentin 10%, Cyclobenzaprine 10%, and Capsaicin 0.0375% is not medically necessary.