

Case Number:	CM14-0167194		
Date Assigned:	10/14/2014	Date of Injury:	09/24/2013
Decision Date:	11/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/10/2014

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 General Preventive Medicine, and is licensed to practice in Indiana. 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 employee is a 28 year old female with date of injury of 9/24/2013. A review of the medical records indicate that the patient is undergoing treatment for cervical, thoracic, and lumbar strain and sprain with intervertebral disc disease; bilateral shoulder bursitis. Subjective complaints include 7/10 pain in her neck and back with radiation to the upper and lower extremities. Objective findings include limited range of motion of cervical, thoracic, and lumbar spine with pain upon palpation of the paraspinals; positive straight leg raise bilaterally; decreased range of motion of shoulders bilaterally. Treatment has included heat/ice, Ibuprofen and Omeprazole. The utilization review dated 10/1/2014 non-certified Flurbiprofen/Lansoprazole 100/10mg #90 with 3 refills and Keratek Gel with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lansoprazole 100/10mg #90 with 3 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen is not medically necessary.

Keratek Gel with 3 refills: 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 Salicylate, Topical analgesic Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Salicylate topicals, Topical analgesics

Decision rationale: Kera-Tek Gel is the brand name version of a topical analgesic medication containing menthol and methyl salicylate. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." The medical documents do not support the use of this topical compound agent. As such, the request for Keratek Gel with 3 refills is not medically necessary.