

Case Number:	CM14-0174458		
Date Assigned:	10/27/2014	Date of Injury:	07/25/2007
Decision Date:	12/03/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/21/2014

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 Occupational Medicine 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:

This case is a 37 year old male with a date of injury on 7/25/2007. A review of the medical records indicates that the patient has been undergoing treatment for neck/back pain, and myofascial pain syndrome. Subjective complaints (9/2/2014) include 9/10 headaches, 9/10 neck pain with radiation to bilateral shoulders and associated numbness, spasms to cervical, thoracic, and lumbar spine. Objective findings (9/2/2014) include trigger points with muscle spasms to cervical and lumbar spine. Treatment has included OTC Tylenol, OTC ibuprofen, topical creams, s/p cervical and lumbar fusion, and home exercise program. A utilization review dated 9/30/2014 non-certified the following:- Flurbiprofen 20% gel 120gm- Ketoprofen 20% Ketamine 10% gel 120gm- Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.3675% gel 120gm- 1 follow up visit with specialist for gastrointestinal treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% gel 120gm: Upheld

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

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 would not be indicated for topical use in this case. As such, the request for Flurbiprofen 20% gel 120gm is not medically necessary.

Ketoprofen 20% Ketamine 10% gel 120gm: 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): 111-113. 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." Per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions." MTUS states regarding topical Ketamine, "Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." Medical records do not indicate that all primary and secondary treatment options have been exhausted. The requested compound contains multiple non-recommended components, which renders the whole compound non-recommended. As such, the request for Ketoprofen 20% Ketamine 10% gel 120gm is not medically necessary.

Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.3675% gel 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 111-113, 28. 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 topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "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." The requested compound contains multiple non-recommended components, which renders the whole compound non-recommended. As such, the request for Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.3675% gel 120gm is not medically necessary.

Follow up visit with specialist for gastrointestinal treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic)

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: MTUS is silent regarding visits to a GI specialist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) 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 need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". The medical documents provided did not indicate GI issues that require specialist consultation or follow-up. In addition, the treating physician did not provide a medical rationale as to why a GI consult is needed at this time along with what questions the treating physician has for the GI specialist. As such, the request for one follow up visit with specialist for gastrointestinal treatment is not necessary at this time.