

Case Number:	CM14-0178935		
Date Assigned:	11/03/2014	Date of Injury:	02/02/2010
Decision Date:	12/09/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

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 Internal 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:

The injured worker (IW) is a 62-year-old woman with a date of injury of February 2, 2010. The mechanism of injury occurred when the IW caught her foot in an elevated portion of the sidewalk causing her to fall forward. She fell upon her outstretched hands to avoid hitting her head. When she "came to", she was in a supine position; thus, she may have sustained a loss of consciousness. She was taken to the hospital with complaints of elbow pain where she was triaged and discharged home. Pursuant to the handwritten, partly illegible progress note dated September 23, 2014, the IW had complaints of left elbow pain, lateral forearm. Physical examination reveals positive (?) illegible medial and lateral elbow. The IW was diagnosed with ulnar neuropathy, rule out ulnar transposition with chronic (?) illegible. Current medications include: Norco 10/325mg, and Lyrica 75mg. The documentation indicated that the IW has been on Norco since at least May 28, 2014. Treatment plan recommendations include: Continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Amitriptyline/Gabapentin 10-2-3% #2 with 2 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 Chapter; Topical Analgesics

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical analgesics are largely experimental and use with few controlled trials to determine efficacy or safety. They 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; gabapentin is not recommended. Ketoprofen is not FDA approved. In this case, the topical analgesic ketoprofen/amitriptyline/gabapentin was prescribed. Gabapentin is not recommended and ketoprofen is not FDA approved. Any compounded product that contains at least one drug (ketoprofen and gabapentin) is not recommended is not recommended. Consequently, the topical compound ketoprofen/amitriptyline/gabapentin 10-2-3% #2 with two refills is not medically necessary.

Norco 10-325mg #60 With 2 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 Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ongoing opiate use requires an ongoing review with documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Documentation should reflect objective functional improvement. In this case, Norco 10/325 #60 with two refills was prescribed. The documentation contains a progress note from May 2014 where Norco was being prescribed at that time. It is unclear as to the total duration of time Norco was prescribed based on the medical record documentation. Additionally, there were no pain assessments or discussion regarding functional improvement. Consequently, Norco is not medically necessary. Based on the clinical information in the medical record and a peer-reviewed evidence-based guidelines, Norco 10/325 mg #60 with two refills is not medically necessary.