

Case Number:	CM14-0020333		
Date Assigned:	04/25/2014	Date of Injury:	10/21/2005
Decision Date:	07/15/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/18/2014

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:

The patient has filed a claim for headache, esophageal reflux, brachial neuritis, and cervical facet arthropathy associated with an industrial injury date of October 21, 2005. Thus far, the patient has been treated with opioids, topical medications, Topamax, benzodiazepines, home exercise program, and cervical facet injection dated March 12, 2013. Current medications include Norco, flurbiprofen 20% gel, ketoprofen 20%/Antonine 10% gel, gabapentin in 10%/cyclobenzaprine 10%/capsaicin in 0.0375% gel, and temazepam. Review of progress notes reports constant neck pain with radiation to the left upper extremity associated with numbness and tingling. Findings include diffuse tenderness in the neck. Of note, the patient was involved in a car accident on January 25, 2014 causing flare up of neck and bilateral shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP VISIT WITH [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that 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, to monitor the patient's progress, and make any necessary modifications to the treatment plan. As per progress notes, the latest patient visit to [REDACTED] was on September 10, 2013 for gastroesophageal reflux disease, sleep disorder, headaches, and vitamin D deficiency. There was no change in symptoms. The patient is being prescribed Topamax, Restoril, and Tramadol. Laboratory results reviewed on December 05, 2013 showed normal amylase, lipase, TSH, Vitamin D, CBC, CMP, and negative H. pylori. A follow-up visit with [REDACTED] at this time is reasonable to follow-up on the abovementioned conditions and to update or alter medication management. Therefore, the request for follow-up with [REDACTED] is medically necessary per the guideline recommendations of ODG.

NORCO 10-325 MG#30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: As noted on page 79-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless prescriptions are from a single practitioner taken as directed, the lowest possible dose is prescribed to improve pain and function, there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since September 10, 2013, and on Tramadol since June 2013, each being prescribed by different providers. The guidelines recommend that only one physician should prescribe opioids in a patient. In addition, there is no evidence regarding the functional benefit being derived from this medication. Therefore, the request for Norco was not medically necessary per the guideline recommendations of CA MTUS.

FLURBIPROFEN 20% GEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of flurbiprofen in compounded products. The patient has been using this medication since September 2013. However, there is no support for the use of this medication, and there is no documentation as to why the patient cannot

tolerate first-line oral medications. Therefore, the request for flurbiprofen 20% gel was not medically necessary per the guideline recommendations of CA MTUS.

KETOPROFEN 20%/ KETAMINE 10% GEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on page 111-113 of the Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, etc). There is little to no research to support the use of many of these agents. Ketoprofen is an NSAID and is not currently FDA approved for topical application. Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The patient has been on this medication since September 2013. There is however no support for use of this medication. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for ketoprofen 20%/ketamine 10% gel was not medically necessary per the guideline recommendations of MTUS were not met.

GABAPENTIN 10%/ CYCLOBENZAPRINE 10%/ CAPSAICIN 0.0375% 120GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended for use as a topical analgesic. Likewise, cyclobenzaprine has no evidence for use as a topical product. Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase would provide any further efficacy. The patient has been on this medication since September 2013. There is no documentation regarding benefits derived from this medication, and no rationale to support the continued use of this medication. Therefore, the request for gabapentin 10%/cyclobenzaprine 10%/capsaicin 0.0375% was not medically necessary per the guideline recommendations of CA MTUS.

FINAL CONFIRMATION OF URINE DRUG TEST RESULTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Urine drug test conducted on September 11, 2013 and June 04, 2013 showed presence of oxazepam, temazepam, tramadol, and zolpidem. There is no rationale as to the request of a confirmation as documentation does not indicate aberrant drug use behavior or inappropriate compliance that would raise suspicion of medication abuse in this patient. Therefore, the request for final confirmation of urine drug test result was not medically necessary per the guideline recommendations of CA MTUS.