MAXIMUS Federal Services

Case Number:	CM14-0022276		
Date Assigned:	05/09/2014	Date of Injury:	03/27/2010
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

Patient is a 55-year-old male who has submitted a claim for left adhesive capsulitis status post surgery associated with an industrial injury date of March 27, 2010.Medical records from 2013 to 2014 were reviewed. Patient complained of persistent pain with stiffness at the left shoulder. The patient likewise experienced anxiety, depression, difficulty concentrating, and difficulty sleeping. Physical examination revealed a well healed surgical scar. Tenderness, weakness and positive impingement test were noted. Range of motion of the left shoulder was limited. Reflexes, sensory, and vascular exams were normal.Treatment to date has included left shoulder surgery times 2, and medications such as ibuprofen, tramadol, and Norco.Utilization review from February 19, 2014 denied the retrospective request for Ultram prescribed in 1/14/14 because there was no evidence that the medication Ultram was prescribed on the specified date; denied Motrin as there was no evidence of acute exacerbation of pain; denied flurbiprofen/capsaicin/menthol/camphor and ketoprofen/cyclobenzaprine/lidocaine because compounded medications were not recommended by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MEDICATION ULTRAM PRESCRIBED 01/14/14: 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): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on tramadol since September 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for retrospective medication Ultram prescribed 01/14/14 is not medically necessary.

RETROSPECTIVE MEDICATION MOTRIN PRESCRIBED 1/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on ibuprofen since September 2013. However, there were no reports of pain relief or functional improvement derived from its use. There was no exacerbation of pain as patient's condition appeared chronic in etiology. Long-term use is likewise not recommended. Therefore, the request for retrospective medication Motrin prescribed 1/14/2014 is not medically necessary.

RETROSPECTIVE MEDICATION FLURBIPROFEN /CAPSAICIN/MENTHOL/CAMPHOR 10%/.025%/2%/1% (120) MG PRESCRIBED 1/14/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate.

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. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Page 28-29 states that topical capsaicin is recommended

only as an option in patients who have not responded or are intolerant to other treatments. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, camphor, or capsaicin, may in rare instances cause serious burns. In this case, there is no documented rationale concerning the need for multiple topical compounded products. There is no evidence that patient has intolerance to oral medications. Furthermore, guidelines state that any compounded product with a drug class that is not recommended is not recommended. The requested drug has active ingredients that are not recommended for topical use. Therefore, the request for retrospective medication flurbiprofen /capsaicin/menthol/camphor 10%/.025%/2%/1% (120) mg prescribed 1/14/2014 is not medically necessary.

KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE 10%/3%/5% (120GM) PRESCRIBED 1/14/2014: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is not recommended for use as a topical analgesic. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, there is no documented rationale concerning the need for multiple topical compounded products. There is no evidence that patient has intolerance to oral medications. Furthermore, guidelines state that any compounded product with a drug class that is not recommended is not recommended. The requested drug has active ingredients that are not recommended for topical use. Therefore, the request for ketoprofen/cyclobenzaprine/lidocaine 10%/3%/5% (120gm) prescribed 1/14/2014 is not medically necessary.