

Case Number:	CM14-0033060		
Date Assigned:	04/30/2014	Date of Injury:	06/15/2010
Decision Date:	08/07/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/19/2014

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 is a 58-year-old female with a 6/15/10 date of injury. She sustained an industrial injury while lifting a box of books from an overhead shelf. In a 1/20/14 progress note, the patient complained of bilateral shoulder pain. She stated that she had weaned off of Lyrica and Norco is giving her increased pain relief. The patient's pain score was 8/10 on a scale of 0-10 with medications, and her pain score is 10/10 without pain medications. Objective findings were limited to vital signs. Diagnostic impression revealed right shoulder impingement syndrome, right shoulder rotator cuff tear, chronic pain syndrome, chronic pain-related insomnia, myofascial syndrome, neuropathic pain, and prescription narcotic dependence. Treatment to date has included medication management, activity modification, home exercise program. A UR decision dated 2/3/14 denied the requests for urine drug screen, Cidaflex, and Ketoflex ointment. The results of the last urine drug screens are not provided. Therefore, this request was non-certified. Regarding the request for Cidaflex, guidelines support this as a low-risk option for patients with chronic knee pain secondary to osteoarthritis, which is not currently documented in this patient and therefore, the request was non-certified. Ketoprofen is not currently FDA approved for a topical application because it has an extremely high incidence of photocontact dermatitis. There is no documentation submitted to indicate that this patient has not responded to or is intolerant to other treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN QUANTITY 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 43, 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. Guidelines support urine drug screens for all patients on chronic opioids for chronic pain. Screening is recommended at baseline, randomly at least twice, and up to 4 times a year and at termination. Screening should also be performed in the presence of aberrant behavior. In the reports reviewed, there is no documentation that urine drug screens have been done for this patient. Therefore, the request is medically necessary.

CIDAFLEX QUANTITY 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 50.

Decision rationale: MTUS Guidelines state that Glucosamine and Chondroitin Sulfate (Cidaflex) are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. According to the reports reviewed, the patient does not have a diagnosis of arthritis. A specific rationale identifying why Cidaflex would be required in this patient despite lack of guideline support was not provided. Therefore, the request is not medically necessary.

KETOFLEX OINTMENT 240 GM QUANTITY 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many these agents. Ketoflex

ointment contains the nonsteroidal anti-inflammatory drug (NSAID), Ketoprofen. MTUS Guidelines do not recommend the use of Ketoprofen for topical application because it has not been approved by the FDA. The guidelines further note there is little evidence for the utilization of topical NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulder and no evidence to support its use for neuropathic pain. Ketoprofen is noted to have an extremely high incidence of photocontact dermatitis. There was no specific clinical rationale provided to warrant this medication in this patient. Therefore, the request is not medically necessary.