

Case Number:	CM14-0047898		
Date Assigned:	07/02/2014	Date of Injury:	03/12/2013
Decision Date:	08/21/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 is a 43-year-old female who reported an injury on 03/12/2013. Therapies have included injections, chiropractic care, acupuncture, and physical therapy. Studies have included an MRI of the right knee. The mechanism of injury was a slip and fall. The medications were noted to include Elavil 25mg tablets, 1 to 2 at bedtime for insomnia and depression, and Ativan 1mg tablets, 1 twice a day as needed for anxiety. Other medications included Tramadol 50mg, Naproxen 550mg, and Prilosec 30mg as of late 2013. The injured worker underwent an MRI of the cervical spine. The documentation of 02/12/2014 revealed the injured worker had complaints of pain in the right upper extremity, numbness, tingling, and weakness. The injured worker had decreased pain in the left shoulder post injection. She continued to have left elbow pain that was stabbing, and she had right knee pain that was mildly improved with an injection. The diagnoses included cervical spine sprain and strain, right upper extremity radiculopathy rule out herniated nucleus pulposus (HNP), left shoulder rotator cuff tear, left elbow sprain and strain, lumbar spine sprain and strain, bilateral lower extremity radiculopathy rule out HNP, and right knee Baker's cyst. The treatment plan included acupuncture, physical therapy, and medications, including Tramadol 50mg, 1 by mouth twice a day as needed #60, Naproxen 550mg, 1 by mouth twice a day as needed #60, Prilosec 20mg, 1 by mouth every day #30, and Keto-lido-cap-menthol cream as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto-Lido-Cap-Menthol Cream 240gm with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-112, Capsaicin, topical, page 28, and Salicylate topicals, page 105 Page(s): 111-112, 28, 105.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen, guidelines state this agent is not currently FDA-approved for topical application. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an anti-epileptic drug, or AED, such as Gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Regarding Capsaicin, guidelines recommend its use only as an option in patients who have not responded to, or are intolerant of, other treatments. There have been no studies of a 0.0375% formulation of Capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Salicylate topicals are recommended. In the case of this injured worker, there was a lack of documentation indicating she had tried and failed antidepressants and/or anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The duration of use could not be determined through the supplied documentation. The request as submitted failed to indicate the strengths for the components of the compounds. Additionally, the clinical documentation failed to provide a rationale for a refill without reevaluation. Given the above, the request for Keto-Lido-Cap-Menthol Cream, 240gm with 1 refill is not medically necessary.

Prilosec 20 mg 1 PO Q Day # 30 with Refill:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors (PPIs) for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 3 months. There was a lack of documented efficacy. The clinical documentation failed to provide a rationale for a refill without reevaluation. Given the above, the request for Prilosec 20mg # 30 with 1 refill is not medically necessary.

