

Case Number:	CM14-0061086		
Date Assigned:	06/20/2014	Date of Injury:	03/14/2001
Decision Date:	07/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/17/2014

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 claimant was injured on 03/14/01. Oxycodone and topical medications are under review. The claimant has chronic low back and foot pain. He saw [REDACTED] on 02/07/14. His pain was level 7/10. He was using orthotics. He stated the topical pain reliever gel had worked but not as well as morphine cream. He saw [REDACTED] on 01/14/14 and was status post surgery for a first metatarsal plantarflexion osteotomy of the right foot. He was wearing a regular shoe. He saw [REDACTED] on 01/19/14. Oxycodone had been approved and he was weaning off Cymbalta and Wellbutrin. He had well-healed scars and very limited extension. Oxycodone and Voltaren gel were recommended. He had his surgery in May 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Month supply of Oxycodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 110.

Decision rationale: The history and documentation do not objectively support the request for the opioid, oxycodone for one month, dates unknown. The MTUS outlines several components of

initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of oxycodone is unclear other than he takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended. As such, the medical necessity of the use of oxycodone has not been clearly demonstrated.

1 300gm container of Gabapentin 6%, Ketoprofen 10%, and Lidocaine 10% transdermal Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for one 300 gm container of gabapentin 6%, ketoprofen 10%, and lidocaine 10% transdermal gel. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "There is no evidence of failure of all other first line drugs. Topical gabapentin is not recommended and topical ketoprofen is not FDA-approved for topical use due to potentially serious side effects. Topical lidocaine is only recommended in the form of Lidoderm patch. The medical necessity of this request has not been clearly demonstrated.

1 300gm container of Capsaicin 0.025%, Menthol 2% and Camphor 2 % transdermal cream.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for one 300 gm container of capsaicin 0.025%, menthol 2%, and camphor 2% transdermal cream. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "There is no evidence of failure of all other first line drugs. Topical capsaicin is only recommended in cases of intolerance to first line drugs. The medical necessity of this request has not been clearly demonstrated.