

Case Number:	CM14-0077053		
Date Assigned:	07/18/2014	Date of Injury:	06/05/2007
Decision Date:	09/11/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 Emergency 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 injured worker is a 47 year-old female, who sustained an injury on June 5, 2007. The mechanism of injury occurred when she slipped on a wet floor. Diagnostics have included: Abdominal ultrasound reported as unremarkable. Treatments have included: epidural injections, medications, Helicobacter pylori treatment. The current diagnoses are: Abdominal pain, History of GERD, constipation, cervical and lumbar radiculopathy. The stated purpose of the request for Retrospective Request: Dexamethasone/Lidocaine/Ketoprofen (Duration and Frequency Unknown) Dispensed on 11/18/2013 - 12/20/2013, was not noted. The request for Retrospective Request: Dexamethasone/Lidocaine/Ketoprofen (Duration and Frequency Unknown) Dispensed on 11/18/2013 - 12/20/2013, was denied on May 13, 2014, citing a lack of documentation of failed first-line drug therapy. The stated purpose of the request for Retrospective Request: Tramadol/Flurbiprofen (Duration and Frequency Unknown) Dispensed on 11/18/2013 - 12/20/2013, was not noted. The request for Retrospective Request: Tramadol/Flurbiprofen (Duration and Frequency Unknown) Dispensed on 11/18/2013 - 12/20/2013, was denied on May 13, 2014, citing a lack of documentation of failed first-line drug therapy. Per the report dated December 9, 2013, the treating physician noted a history of abdominal pain and bright red blood per rectum and an unremarkable abdominal ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request: Dexamethasone/Lidocaine/Ketoprofen (Duration and Frequency Unknown) Dispensed on 11/18/2013 - 12/20/2013: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines, July 18, 2009, pages 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". Also, any compounded medication with a non-recommended ingredient is itself not recommended. The injured worker has a history of abdominal pain and bright red blood per rectum. The treating physician has documented a history of GERD and an unremarkable abdominal ultrasound. The treating physician has not documented failed trials of antidepressants or anticonvulsants. The criteria noted above not having been met, Retrospective Request: Dexamethasone/Lidocaine/Ketoprofen (Duration and Frequency Unknown) Dispensed on 11/18/2013 - 12/20/2013, is not medically necessary.

Retrospective Request: Tramadol/Flurbiprofen (Duration and Frequency Unknown) Dispensed on 11/18/2013 - 12/20/2013: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines, July 18, 2009, Pg. 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". Also, any compounded medication with a non-recommended ingredient is itself not recommended. The injured worker has a history of abdominal pain and bright red blood per rectum. The treating physician has documented a history of GERD and an unremarkable abdominal ultrasound. The treating physician has not documented failed trials of antidepressants or anticonvulsants. The criteria noted above not having been met, Retrospective Request: Tramadol/Flurbiprofen (Duration and Frequency Unknown) Dispensed on 11/18/2013 - 12/20/2013, is not medically necessary.