

Case Number:	CM14-0081728		
Date Assigned:	07/18/2014	Date of Injury:	12/05/2012
Decision Date:	09/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/03/2014

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 Internal 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 61 year old male injured on 12/05/12 due to an undisclosed mechanism of injury. Diagnoses include chronic thoracic spine strain rule out disc herniation, status post left shoulder multiple surgeries with glenohumeral arthritis, and chronic trigger point to the left thoracic spinal paravertebral musculature. Clinical note dated 05/14/14 indicates the injured worker presented complaining of persistent neck pain, thoracic spine and upper back pain in addition to left shoulder pain rated at 4/10. The injured worker reported left shoulder pain worsening; however, neck, mid back pain remains the same. The injured worker utilizing Norco 1-2 tablets per day to control pain. The injured worker reported pain decreased from 4/10 to 2/10 to allow for activities of daily living for approximately one hour per day. Physical examination revealed limited range of motion of the cervical spine, tenderness to palpation over the trapezius and paravertebral muscles bilaterally, hypertonicity on the left side of the trapezius, shoulder depression test positive, positive Spurling's on the left, muscle strength 5/5 on the right, and 4/5 on the left, sensation normal in bilateral upper extremities, and deep tendon reflexes 2+ bilaterally to upper extremities. Treatment plan included continued request for chiropractic treatment 2 times a week for 6 weeks, Kera-Tek analgesic gel, and authorization for hydrocodone/acetaminophen/ondansetron. The initial request for Kera-Tek gel 4 oz and Norco/Zofran 7.5/300/2 mg #60 was non-certified on 05/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Gel, 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded product, Salicylate topicals.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. This compound is noted to contain menthol and methyl salicylate. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Kera-Tek Gel, 4oz cannot be recommended as medically necessary.

Norco/Zofran 7.5/300/2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain (Chronic), Ondansetron.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea).

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute gastroenteritis. The use of Zofran as a compound with hydrocodone to prevent opioid-induced nausea cannot be recommended as medically necessary. As such, the request for Norco/Zofran 7.5/300/2mg #60 cannot be recommended as medically necessary.