

Case Number:	CM14-0092009		
Date Assigned:	08/18/2014	Date of Injury:	09/10/2009
Decision Date:	09/11/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/17/2014

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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 patient is a 46-year-old male with date of injury September 1, 2009. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain and left upper extremity pain since the date of injury. He has been treated with physical therapy, medications, epidural corticosteroid injections and medial branch blocks. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the cervical spine, tenderness to palpation of the cervical spine, positive trigger points of the bilateral trapezius, infraspinatus and rhomboid musculature, decreased sensation to light touch of the left upper extremity, decreased hand grip on the left, positive Tinel's sign on the left. Diagnoses: cervical spine degenerative disc disease with radiculopathy, complex regional pain syndrome left upper extremity. Treatment plan and request: Norco, Protonix, Ketoprofen/Gabapentin/Lidocaine cream, Tramadol/Baclofen cream, Ketamine/Gabapentin/Tramadol/Amitriptyline cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg thirty count, provided on March 31, 2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, pages 76-85, 88-89 Page(s): 76-85, 88-89.

Decision rationale: This 46-year-old has complained of neck pain and left upper extremity pain since date of injury September 1, 2009. He has been treated with physical therapy, medications, epidural corticosteroid injection and medial branch block. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the Chronic Pain Medical Treatment Guidelines which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the Chronic Pain Medical Treatment Guidelines, Norco is not indicated as medically necessary. Therefore, the request for Norco 10.325 mg thirty count, provided on March 31, 2014, is not medically necessary or appropriate.

Protonix 20 mg thirty count provided on March 31, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) , NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk, pages 67-68 Page(s): 67-68.

Decision rationale: This 46-year-old male has complained of neck pain and left upper extremity pain since date of injury September 1, 2009. He has been treated with physical therapy, medications, epidural corticosteroid injection and medial branch block. The current request is for Protonix. There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease present in this patient. According to the Chronic Pain Medical Treatment Guidelines, chronic use of PPI's (proton pump inhibitors) can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Protonix is not indicated based on lack of medical necessity according to the Chronic Pain Medical Treatment Guidelines, and risk of toxicity. Therefore, the request for Protonix 20 mg thirty count provided on March 31, 2014 is not medically necessary or appropriate.

. Compound medication: Ketoprofen 20%/ Gabapentin 10&/ Lidocaine 5% 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications, Topical NSAIDs.

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

Decision rationale: This 46-year-old has complained of neck pain and left upper extremity pain since date of injury September 1, 2009. He has been treated with physical therapy, medications, epidural corticosteroid injection and medial branch block. The current request is for

Ketoprofen/Gabapentin/Lidocaine cream. According to the Chronic Pain Medical Treatment Guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. Based on the Chronic Pain Medical Treatment Guidelines, the request for Ketoprofen/Gabapentin/Lidocaine cream is not medically necessary or appropriate.

Compound medication: Tramadol 20%/ Baclofen 5% 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Topical muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This 46-year-old has complained of neck pain and left upper extremity pain since date of injury September 1, 2009. He has been treated with physical therapy, medications, epidural corticosteroid injection and medial branch block. The current request is for Tramadol/Baclofen cream. According to the Chronic Pain Medical Treatment Guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. Based on the Chronic Pain Medical Treatment Guidelines, the request for Tramadol/Baclofen cream is not medically necessary or appropriate.

Compound medication: Ketamine 10%/ Gabapentin 6%/ Tramadol 8%/ Amitriptyline 10% 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications, Topical Ketamine.

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

Decision rationale: This 46-year-old has complained of neck pain and left upper extremity pain since date of injury September 1, 2009. He has been treated with physical therapy, medications, epidural corticosteroid injection and medial branch block. The current request is for Ketamine/Gabapentin/Tramadol/Amitriptyline cream. According to the Chronic Pain Medical Treatment Guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. Therefore, the request for Compound medication: Ketamine 10%/ Gabapentin 6%/ Tramadol 8%/ Amitriptyline 10% 180 grams is not medically necessary or appropriate.