

Case Number:	CM14-0093787		
Date Assigned:	09/12/2014	Date of Injury:	06/25/2013
Decision Date:	11/10/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/20/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 31 year old employee with date of injury of 6/25/2013. Medical records indicate the patient is undergoing treatment for bilateral knee sprain and strain, lumbar spine sprain and strain and strain with bilateral lower extremity radiculopathy. Subjective complaints include right ankle pain with dorsiflexion and plantar flexion. She has pain in her low back and both knees and legs. She has been treated with acupuncture, medications and PT and she says she has had no relief. The patient describes the pain as shock-like. She also describes right shoulder and neck pain. She also suffers for depression, anxiety and stress. Objective findings include tenderness to palpation of the lumbar paravertebral muscles. There is no muscle spasm. She can fully squat but with pain. Her lumbar range of motion (ROM) is flexion, 52 degrees; extension 26 degrees and left and right lateral bend to 25 degrees. Straight leg raise was negative bilaterally. There is tenderness over the knee medial joint line, the lateral joint line, patellar and sub-patellar bilaterally. There is tenderness over the right ankle medial joint line, the lateral joint line, Achilles and anterior. Treatment has consisted of acupuncture, ice packs, PT, Ibuprofen, Cyclo-Keto-Lido cream, Ultram, Medrox and Methyl-C cream. The patient continues to have pain despite the therapy and medications. The utilization review determination was rendered on 5/27/2014 recommending non-certification of Keto-Menthol-Capsaicin Cream Apply twice daily as needed 240gm with one refill and Naproxen 550 mg twice daily as needed #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto-Menthol-Capsaicin Cream Apply twice daily as needed 240gm with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28-29,111-112.

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

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions." As such the request for Keto-Menthol-Capsaicin Cream Apply twice daily as needed 240gm with one refill is not medically necessary.

Naproxen 550 mg twice daily as needed #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-73. Decision based on Non-MTUS Citation Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs)

Decision rationale: MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes do not indicate how long the patient has been on naproxen, but the MTUS guidelines recommend against long-term use. As such, the request for NAPROXEN 550MG twice daily as needed #60 with one refill is not medically necessary.

