

Case Number:	CM14-0097513		
Date Assigned:	07/23/2014	Date of Injury:	02/14/2009
Decision Date:	09/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 Family Practice and is licensed to practice in Arizona. 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:

Patient is a 52 year old female with a date of injury on 2/14/2009. Diagnoses include status post cervical decompression and fusion at C3-7, lumbar radiculitis, right hip labral tear, depression, neuropathic pain, and status post right hip arthroscopy, and status post right ankle fracture. Subjective complaints are of constant neck pain with radiation to the bilateral arms with numbness and tingling. There are also complaints of right hip, ankle, and foot pain. Physical exam shows decreased range of motion of the cervical spine with a positive Spurling's maneuver and Hoffmann's sign bilaterally. Medications include Norco, Lunesta, Flector patch, and combination topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10% gel 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Second edition Occupational Medicine Practice Guidelines, Reed Group/The Medical Disability Advisor, Official Disability Guidelines (ODG)/Integrated Guidelines 9th Edition/Loss Data Institute.

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

Decision rationale: CA MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. CA MTUS also indicates that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support their use. Guidelines do indicate that they are recommended for osteoarthritis and tendinitis, in particular, in joints that are amenable to topical treatment. Topical NSAIDs have not been evaluated for treatment of the spine, hip or shoulder. For this patient the submitted records show that Flector is to be used for symptoms in the right hip. Therefore, the use of this medication is not consistent with guideline recommendations, and the medical necessity is not established.

Ketoprofen 20% and Ketamine 10% gel 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Second edition Occupational Medicine Practice Guidelines, Reed Group/The Medical Disability Advisor, Official Disability Guidelines (ODG)/Integrated Guidelines 9th Edition/Loss Data Institute.

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

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. CA MTUS states that ketamine is under study and is only recommended for neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. CA MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. Therefore, the use of this medication is not consistent with guideline recommendations, and the medical necessity is not established.

Gabapentin 10%, Cyclobenzaprine 10%, and Capsaicin 0.0375% gel 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Second edition Occupational Medicine Practice Guidelines, Reed Group/The Medical Disability Advisor, Official Disability Guidelines (ODG)/Integrated Guidelines 9th Edition/Loss Data Institute.

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

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Guidelines do not recommend topical cyclobenzaprine as no peer-reviewed literature support its use. Guidelines also do not recommend topical gabapentin as no peer-reviewed literature support its use. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Therefore, the use of this medication is not consistent with guideline recommendations, and the medical necessity is not established.

