

Case Number:	CM14-0190724		
Date Assigned:	11/24/2014	Date of Injury:	03/23/2007
Decision Date:	01/14/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 51 year old male who was injured on 3/23/2007. The diagnoses are low back, neck, shoulder and knee pain. There are associated diagnoses of insomnia and constipation secondary to opioid use. The past surgery history is significant for surgeries on the right shoulder, left knee and left wrist. The patient completed physical therapy (PT) and epidural steroid injections. The Electromyogram (EMG) and Nerve Conduction Velocity (NCV) Studies studies showed evidence of median nerves, ulnar nerves and peroneal nerves neuropathy. On 10/27/2014, [REDACTED] / [REDACTED] noted subjective diagnoses of multiple joints pain. The back pain was decreased by the epidural injection. The patient was not to be a daily beer drinker. The medications listed are gabapentin, hydrocodone and topical products for pain and Norflex for muscle spasm. The patient is also utilizing Ambien for insomnia and DSS for constipation. A Utilization Review determination was rendered on 10/15/2014 recommending non certification for Ketamine 5% cream 50gm #1, Capsaicin 0.075% cream, hydrocodone/APAP 10/325mg #30ms. #120 and orphenadrine- Norflex ER 100mg #90 ms #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% Cream 60gr, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS and the Official Disability Guidelines (ODG) recommend that topical analgesic preparations can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with first line anticonvulsant and antidepressant medications. The records did not show subjective or objective findings consistent with localized neuropathic pain. The patient did not fail first line medications. The criteria for the use of Ketamine 5% cream 60gr #1, Capsaicin 0.075% cream, hydrocodone /APAP 10/325mg #30 ms #120 and orphenadrine-Norflex100mg ER #90ms #90 was not met.

Capsaicin 0.075% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS and the Official Disability Guidelines (ODG) recommend that topical analgesic preparations can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with first line anticonvulsant and antidepressant medications. The records did not show subjective or objective findings consistent with localized neuropathic pain. The patient did not fail first line medications. The criteria for the use of Ketamine 5% cream 60gr #1, Capsaicin 0.075% cream, hydrocodone /APAP 10/325mg #30 ms #120 and orphenadrine-Norflex100mg ER #90ms #90 was not met.

Hydrocodone bit/Apap 10-325mg #30ms, #120:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS and the Official Disability Guidelines (ODG) recommend that opioids can be utilized for short term treatment of exacerbation of chronic pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia, sedation and adverse interaction with other sedatives. The records indicate that the patient is a daily alcohol drinker. The patient is also utilizing muscle relaxants. There are subjective complaints of persistent opioid induced adverse effects. The criteria for the use of hydrocodone/APAP 10/325mg #120 was not met.

Orphenadrine-Norflex ER 100mg #90ms, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS and the Official Disability Guidelines (ODG) guidelines recommend that muscle relaxants can be utilized for periods of less than 4 weeks during exacerbation of chronic pain that did not respond to standard treatment with NSAIDs and physical therapy (PT). The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized orphenadrine for many years. The patient is also drinking alcohol daily and utilizing other medications. The criteria for the use of orphenadrine- Norflex 100mg #90ms #90 was not met.