

Case Number:	CM14-0198739		
Date Assigned:	12/09/2014	Date of Injury:	11/01/1999
Decision Date:	01/26/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/26/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 37-year-old male with an injury date of 11/01/1999. Based on the 06/18/2014 progress report, the patient complains of neck and bilateral upper extremity pain. There is numbness, tingling, and weakness. He states he continues to experience burning and shooting pain, and has headaches. He rates his pain as a 6-7/10 with the use of current medications and a 10/10 without medications. The 08/25/2014 report indicates that the patient has mild to moderate bilateral cervical paraspinous tenderness. In regards to the upper extremities, there is decreased sensation over the dorsal aspect of the forearms and hands bilaterally, right greater than left. There is evidence of atrophy in the intrinsic muscles in both hands and in the web space between the thumb and index finger bilaterally. The 10/22/2014 report states the patient has pain over the cervical spine affecting the upper extremities where he has numbness and tingling. He continues to have weakness, burning, electrical, and shooting pain in the upper extremities as well as headaches coming from the cervical spine. The patient walks with a single point cane. No additional positive exam findings were provided. The patient's diagnoses include the following: Cervical degenerative disk disease with spondylosis; and bilateral upper extremity radicular symptoms. The utilization review determination being challenged is dated 11/06/2014. There were four treatment reports provided from 04/15/2014 - 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89, 76-78.

Decision rationale: According to the 10/22/2014 progress report, the patient presents with pain over his cervical spine affecting the upper extremities as well as headaches. The request is for Norco 10/325 mg #120 (q.4-6 h) as needed for breakthrough pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, activities of daily livings (ADLs), adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been taking Norco as early as 04/15/2014. The 04/15/2014, 06/18/2014, 08/25/2014 reports state that the patient rates his pain as a 6-7/10 with medications and a 10/10 without medications. "The patient is noting 30% to 40% improvement in pain as well as improvement in function with his current medication regimen. The patient notes improved ability to participate in activities of daily living including a light exercise regimen, stretching, self-care issues such as showering and personal grooming, household chores, and assisting with cooking and cleaning. The patient notes that the medications are helpful in allowing him to perform these activities as well as increasing his quality of life. The patient denies any intolerable side effects from his medication. He is utilizing his medication as prescribed. The patient has stayed within prescription guidelines and demonstrates no evidence of drug-seeking behavior. The patient has signed a pain medication agreement and continues to comply with those terms. Urine drug screening has shown evidence of compliance." The 06/18/2014 report states with the medication, he reports unsatisfactory pain control and notes a significant restriction in his ability to perform the above activities. The 10/22/2014 report indicates that the patient has up to "50% improvement in pain levels and up to 40% improvement in function with his current medication regimen. The patient notes improved ability to participate in his activities of daily living. This includes being able to stand long enough to prepare his meals. He also states he is able to assist with grocery shopping, participate in light household chores, and continue with his light exercise program, stretching, and self-hygiene such as showering and personal grooming. Without medications, the patient states he would not be able to perform these tasks and would be quite dependent on others for assistance. Overall, the patient notes improved quality of life from medication. The patient has attempted to reduce medications; however, this had led to an increase in pain and decrease in function." In this case, all 4 A's were clearly addressed. The patient has pain relief with the use of Norco. The treating physician documents specific ADL's which demonstrate medication efficacy. The patient does not have any adverse behaviors or side effects. "The patient has signed a pain medication agreement and continues to comply with those terms. Urine drug screening has shown evidence of compliance." The treating physician has documented the minimum requirements that are outlined in the MTUS for continued opioid use. The requested Norco is medically necessary.

Ketoprofen 15% Gabapentin 10% Lidocaine 10% 240gm: Upheld

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

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

Decision rationale: According to the 10/22/2014 report, the patient complains of cervical spine pain, which affects his upper extremities. The request is for ketoprofen 15%, gabapentin 10%, and lidocaine 10% 240g. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS page 111 states "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Per MTUS, gabapentin is not recommended in any topical formulation. MTUS guidelines do not allow any other formulation of lidocaine other than in patch form. In this case, the treating physician prescribed ketoprofen, gabapentin, and lidocaine for treatment of neuropathic pain. The treating physician is requesting for a 30-day trial on the 10/22/2014 report. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not recommended. Based on the guidelines, gabapentin, ketoprofen, and lidocaine are not indicated for use as a topical formulation. Therefore, this request is not medically necessary.