

Case Number:	CM14-0203867		
Date Assigned:	12/16/2014	Date of Injury:	03/19/2004
Decision Date:	02/11/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/05/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand, wrist, neck, and low back pain reportedly associated with an industrial injury of March 19, 2004. In a Utilization Review Report dated November 13, 2014, the claims administrator approved a request for Cymbalta, denied a request for Laxacin, an opioid agent, approved a request for Norco, and apparently denied a topical compounded agent. A progress note dated October 30, 2014 was referenced. The claims administrator invoked non-MTUS ODG Guidelines to deny the request for Laxacin, it is incidentally noted. The applicant's attorney subsequently appealed. In a November 20, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain. The applicant was using Norco for pain relief. Naproxen, Cymbalta, omeprazole, and Laxacin were also being employed. 8-9/10 pain without medications versus 3-6/10 pain with medications was reported. Laxacin was endorsed for opioid-induced constipation, along with chiropractic manipulative therapy. The applicant's work status was not clearly outlined. The applicant had undergone both left and right carpal tunnel release surgeries and had received physical therapy and acupuncture for several of the injured body parts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laxacin 50/8.6MG #100: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

Decision rationale: The request for Laxacin, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants receiving opioid therapy. Here, the applicant was/is using Norco, an opioid agent. Concomitant provision with Laxacin, a laxative drug, is indicated. Therefore, the request is medically necessary.

KGL Cream 240mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for topical compounded Ketoprofen-Gabapentin-Lidocaine (KGL) cream was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Cymbalta, Norco, Naproxen, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounded agent. Therefore, the request is not medically necessary.