

Case Number:	CM14-0065585		
Date Assigned:	07/11/2014	Date of Injury:	10/16/2000
Decision Date:	04/23/2015	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 48 year old male, who sustained an industrial injury on 10/16/2000. The mechanism of injury was not noted. The injured worker was diagnosed as displacement of cervical intervertebral disc without myelopathy, spinal stenosis in cervical region, displacement of thoracic intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy, spinal stenosis, lumbar region, brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis, unspecified, neuropathic pain of the upper and lower extremities, gastritis/gastroesophageal reflux disease secondary to prolonged use of medications, and sprain/strain of the right wrist/hand/metacarpophalangeal joint, status post fall. Treatment to date has included conservative measures, including diagnostics and medications. Urine drug screen dated 11/06/2013, was inconsistent with prescribed medications. On 3/26/2014, the injured worker complains of constant neck pain, rated 5-6/10, with radiation to the upper extremities, associated with numbness and tingling. He also reported constant low back pain, rated 5-6/10, with radiation to bilateral lower extremities and associated with numbness, tingling, and burning. He also reported symptoms of anxiety, depression, stress, and insomnia, secondary to injuries and pain. Current medications included Norco, Prilosec, Baclofen, Neurontin, and Senna. He reported 60% relief with medications and was participating in a home exercise program. Physical exam noted tenderness to palpation over the right wrist and knuckles of the right hand. There was tenderness over the metacarpophalangeal joint on the right and over the third digit. His weight was 226 pounds. His treatment plan included a continued reduced calorie diet and home exercise program and medication refills, including topical pain relief medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of topical compound Flurbiprofen 20% 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in October 2000 and continues to be treated for chronic radiating neck and radiating low back pain. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence of a trial of topical diclofenac and therefore the requested topical medication is not medically necessary.

1 Prescription of topical compound Ketoprofen 20%-Ketamine 10% 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in October 2000 and continues to be treated for chronic radiating neck and radiating low back pain. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted and has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. Compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence of a trial of topical diclofenac and therefore the requested topical medication is not medically necessary.

1 Prescription of topical compound Gabapentin 10%-Cyclobenzaprine 10%-Capsaicin 0.0375% 120gm.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in October 2000 and continues to be treated for chronic radiating neck and radiating low back pain. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.