

Case Number:	CM15-0136274		
Date Assigned:	07/24/2015	Date of Injury:	03/18/2002
Decision Date:	09/28/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 64-year-old male, who sustained an industrial injury on 3/18/02. The injured worker has complaints of constant low back pain that radiates to the left lower extremity with associated spasms and insomnia. The documentation noted that the lumbar spine. The diagnoses have included moderate-to-severe bilateral neural foraminal stenosis at L2-L3, L3-L4 and L5-S1 (sacroiliac); annular tear at L1-L2 and Mild-to-moderate facet arthropathy at L2-L3, L3-L4, L4-L5 and L5-S1 (sacroiliac) bilaterally and status post L3-S1 (sacroiliac) dynamic instability fusion. Treatment to date has included Norco; Soma; topical pain medications, PENS and home exercise program. The request was for Soma 350 mg quantity 30, 1 by mouth daily as needed for spasm; flurbiprofen 20% cream, 120 gm, apply to affected area 2-3 times daily; ketoprofen 20% Ketamine 10% cream, 120 gm, apply to affected area 2-3 times daily and gabapentin 10% cyclobenzaprine 10% capsaicin 0.0375% cream 120 gm, apply to affected area 2-3 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg Qty 30, 1 by mouth daily as needed for spasm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids. The use of Soma is associated with significant higher risk of addiction and dependency because of the action of meprobamate, an anesthetic like metabolite. The records indicate that the duration of utilization of Soma had exceeded the maximum period of 4 to 6 weeks recommended by the guidelines. The criteria for the use of Soma 350mg #30 by mouth for muscle spasm as needed was not medically necessary.

Flurbiprofen 20% cream, 120 gm, apply to affected area 2-3 times daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized pain when standard treatment with orally administered first line medications are contraindicated or have failed. The records did not show subjective and objective findings consistent with a diagnosis of localized pain. The guidelines recommend that oral formulation of anticonvulsant and antidepressant medications be utilized in chronic pain patients with associated psychosomatic symptoms such as insomnia. The records show that the patient is utilizing multiple formulations of NSAIDs concurrently. The criteria for the use of flurbiprofen 20% cream 120gm apply to affected 2-3 times daily was not medically necessary.

Ketoprofen 20% Ketamine 10% cream, 120 gm, apply to affected area 2-3 times daily: Upheld

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

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, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when standard treatment with orally administered first line anticonvulsant and antidepressant medications have failed. The records did not show subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that topical medications be utilized and evaluated individually for efficacy. There is lack of guidelines support for the use of topical formulations of ketamine except as third line option when topical lidocaine patch have failed in the treatment of localized neuropathic pain. The use of topical ketoprofen is associated with the development of photodermatitis. The criteria for the use of ketoprofen 25%, ketamine 10% cream 120gm apply 2-3 times a day was not medically necessary.

Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.0375% cream 120 gm, apply to affected area 2-3 times daily: Upheld

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

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, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when standard treatment with orally administered first line anticonvulsant and antidepressant medications have failed. The records did not show subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that topical medications be utilized and evaluated individually for efficacy. There is lack of guidelines support for the use of topical formulations of gabapentin and cyclobenzaprine. The criteria for the use of gabapentin 10%/ cyclobenzaprine 10%/ capsaicin 0.0375% in 120gm apply 2-3 times a day to affected parts was not medically necessary.