

Case Number:	CM15-0146131		
Date Assigned:	08/07/2015	Date of Injury:	01/28/2008
Decision Date:	09/24/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female injured worker suffered an industrial injury on 1-28-2008. The diagnoses included lumbar decompression, neural encroachment, right wrist arthropathy, left elbow epicondylitis and right foot surgeries x 3 surgeries. The treatment included medications and surgery. The diagnostics included lumbar magnetic resonance imaging. On 6-17-2015 the treating provider reported low back pain with right and left extremity rated 7 out of 10, left elbow pain 5 out of 10, cervical pain with bilateral upper extremity pain rated 6 out of 10, right wrist pain rated 6 out of 10, left wrist pain 3 out of 10, right shoulder pain rated 5 out of 10, left shoulder pain rated 6 out of 10, right foot pain rated 7 out of 10. It was not clear if the injured worker had returned to work. The requested treatments included (Ketoprofen 10%/gabapentin 6%/bupivacaine 5%/fluticasone 1%/baclofen 2%/cyclobenzaprine 2%/clonidine 0.2%/hyaluronic acid 0.2%), topical compound/antiepileptic drug/NSAID and Hydrocodone 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded topical medication 300mg (ketoprofen 10%/gabapentin 6%/bupivacaine 5%/fluticasone 1%/baclofen 2%/cyclobenzaprine 2%/clonidine 0.2%/hyaluronic acid 0.2%): 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): 111-113.

Decision rationale: The patient presents with left elbow pain, right and left wrist pain, right and left shoulder pain, right foot and cervical pain and headaches. The current request is for Compounded Topical Medication 300mg (ketoprofen 10%/ gabapentin 6%/ ibupivacaine 5%/ fluticasone 1%/ baclofen 2%/ cyclobenzaprine 2%/ clonidine 0.2%/ hyaluronic acid 0.2%.) The treating physician's report dated 06/17/2015 does not discuss a rationale behind the request. Records do not show a history of use of this compound. 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." In this case, ketoprofen, cyclobenzaprine and gabapentin are not recommended in topical formulation. The current request is not medically necessary.

Compounded topical medication topical compound/antiepileptic drug/NSAID 300g with 3 refills: Overturned

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): 111-113.

Decision rationale: The patient presents with left elbow pain, right and left wrist pain, right and left shoulder pain, right foot and cervical pain and headaches. The current request is for Compounded topical medication topical compound/antiepileptic drug/NSAID 300g with 3 refills. The treating physician's report dated 06/17/2015 states, "topical antiepileptic drug in assisted facilitate significant diminution in radicular pain component, 5 points on a scale of 10 with 30% improved tolerance to standing and walking." The MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short term use, between 4-12 weeks. It is indicated for patient with Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, the patient does have a diagnosis of epicondylitis of the left elbow and the physician has noted improvement with previous use. The current request is medically necessary.

Hydrocodone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with left elbow pain, right and left wrist pain, right and left shoulder pain, right foot and cervical pain and headaches. The current request is for Hydrocodone 10mg #120. The treating physician's report dated 06/17/2015 shows that the patient has been using Hydrocodone 10mg 4 times daily. Medical records show that the patient has used Hydrocodone prior to 01/16/2015. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. There are no before and after pain scales, specific examples of ADLs to demonstrate medication efficacy and no validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The physician did not provide a urine drug screen to see if the patient is compliant with his prescribed medications. The physician does not provide proper documentation required by MTUS Guidelines for continued opiate use. The current request is not medically necessary.