MAXIMUS Federal Services

Case Number:	CM15-0183004		
Date Assigned:	09/28/2015	Date of Injury:	02/06/2015
Decision Date:	12/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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 54 year old female, who sustained an industrial injury on 2-6-15. The injured worker has complaints of constant neck pain with a pain level rated 8 out of 10 with radiation to the shoulders down to the bilateral upper extremities. The injured worker complains of constant low back pain rated 9 out of 10 with radiation to the bilateral lower extremities, left worse than right. The injured worker has complains of bilateral shoulder pain rated 9 out of 10 with radiation to the bilateral upper extremities down to the hands with associated numbness and tingling sensation. Examination of the bilateral shoulder reveals left greater than right acromioclavicular joint tenderness with guarding and reduced range of motion. Lumbar spine examination reveals antalgic gait and range of motion is reduced with spasm on the thoracic spine area. Straight leg raise is positive at 65 degrees. Left shoulder magnetic resonance imaging (MRI) on 5-2-15 showed at least 80 percent tear seen at the supraspinatus tendon at its insertion to the humeral head with 2cm medial retraction but no atrophy present; type 1-2 acromion; mild proliferative changes are seen in the acromioclavicular joint with impingement upon the supraspinatus muscle-tendon junction and no superior labrum, anterior to posterior tear. The diagnoses have included bilateral shoulder rotator cuff tears and internal derangement with impingement syndrome. Treatment to date has included ibuprofen (since at least 3-27-15); flurbiprofen 20 percent cream 120gm; gabapentin 10%, cyclobenzaprine 10%, capsaicin 0.0375% cream 120gm, apply 2-3 x day (since at least 3-27-15); and ketoprofen 20 percent, ketamine 10 percent cream 120 gm . The original utilization review (9-3-15) non-certified the request for flurbiprofen 20 percent cream 120gm; gabapentin 10%, cyclobenzaprine 10%,

capsaicin 0.0375% cream 120gm, apply 2-3 x day; motrin (ibuprofen) 800mg 1 tab by mouth three times a day #90 and ketoprofen 20 percent, ketamine 10 percent cream 120 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 percent cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterNSAIDsTopical Analgesic.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic medications can be utilized for the treatment of localized neuropathic pain and mono arthritis pain of small to medium joints. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS or localized single joint pain. There is no documentation of failure of treatment with orally administered first line medications or NSAIDs. There is lack of guidelines support for the utilization of topical formulations of multiple formulations of topical NSAIDs and topical medications concurrently. The records indicate that the patient is utilizing multiple NSAID medications in oral and topical formulations concurrently thereby increasing the risk of NSAIDs induced adverse effects. The criteria for the use of Flurbiprofen 20% cream 120gm was not met. The request is not medically necessary.

Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120gm, apply 2-3 x day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Antiepilepsy drugs (AEDs), Cyclobenzaprine (Flexeril), Medications for chronic pain, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterTopical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic medications can be utilized for the treatment of localized neuropathic pain or mono arthritis pain of small to medium joints. The utilization of topical medications for the treatment of localized neuropathic pain is regarded as a second line option after failure of orally administered first line anticonvulsant and antidepressant medications. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS or localized single joint pain. There is no documentation of failure of treatment with orally

administered first line medications. There is lack of guidelines support for the utilization of topical formulations of gabapentin or cyclobenzaprine for the treatment of chronic musculoskeletal pain. The records indicate that the patient is utilizing multiple topical medications concurrently. The criteria for the use of gabapentin 10%, cyclobenzaprine 10%, capsaicin 0.0375% cream 120gm apply 2-3x a day was not met. The request is not medically necessary.

Motrin (Ibuprofen) 800mg 1 tab PO TID #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterNSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The utilization of multiple NSAIDs is can significantly increase the risk of NSAIDs complications. The records indicate that the patient is utilizing multiple formulations of NSAIDs medications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dose for the shortest period. The criteria for the use of Motrin 800mg 1 PO TID #90 was met. The request is medically necessary.

Ketoprofen 20 percent, Ketamine 10 percent cream 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ketamine, Medications for chronic pain, NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterNSAIDsKetamine.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic medications can be utilized for the treatment of localized neuropathic pain / mono arthritis pain of small to medium joints. The utilization of topical medication for the treatment of localized neuropathic pain is regarded as a second line option after failure of orally administered first line anticonvulsant and antidepressant medications. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS or localized single joint pain. There is no documentation of failure of treatment with orally administered first line medications. There is lack of guidelines support for the utilization of topical formulations of ketoprofen or ketamine for the treatment of chronic musculoskeletal pain.

The records indicate that the patient is utilizing multiple NSAID medications concurrently. The criteria for the use of ketoprofen 20%. ketamine 10% 120gm was not met. The request is not medically necessary.