

Case Number:	CM15-0183389		
Date Assigned:	09/24/2015	Date of Injury:	04/18/2015
Decision Date:	11/10/2015	UR Denial Date:	08/20/2015
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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 62 year old male, who sustained an industrial injury on 04-18-2015. He has reported subsequent neck and back pain and was diagnosed with cervical and thoracic sprain and strain, degenerative joint disease of the lumbar spine and lumbar sprain and strain. The physician indicated that the injured worker reported having an MRI of the lumbar spine that showed 4 herniated discs in the lumbar region but the date of the study was not documented. A more recent MRI of the spine was noted to have been done with results pending. The injured worker was noted to have been off work since April 2015 due to pain. Treatment to date has included pain medication, chiropractic therapy and physical therapy, which were noted to have failed to significantly relieve the pain. Documentation shows that Ketoprofen 15%/Gabapentin 10%/Lidocaine 10% was prescribed on 07-08-2015. During that office visit, the physician noted that the injured worker was suffering from stomach pain due to stomach ulcers and gastritis. In a progress note dated 08-05-2015, the injured worker reported that pain was unchanged and that medications "were not too helpful in keeping pain tolerable". The severity of pain was not rated. Objective examination findings showed decreased range of motion of the lumbar spine with spasm and tenderness to palpation. A request for authorization of Ketoprofen 15%/Gabapentin 10%/Lidocaine 10% 360gm and Tramadol 50 mg #60 was submitted. As per the 08-20-2015 utilization review, the requests for Ketoprofen 15%/Gabapentin 10%/Lidocaine 10% 360gm and Tramadol 50 mg #60 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 15%/Gabapentin 10%/Lidocaine 10% 360gm: 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): Topical Analgesics.

Decision rationale: Regarding the request for Ketoprofen 15%/Gabapentin 10%/Lidocaine 10% 360gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Within the documentation available for review, none of the above-mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Ketoprofen 15%/Gabapentin 10%/Lidocaine 10% 360gm is not medically necessary.

Tramadol 50mg #60: 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Tramadol, California Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain.

Guidelines also have "Steps to Take Before a Therapeutic Trial of Opioids". These steps include: before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. Pain related assessment should include history of pain treatment and effect of pain and function. Assess the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. Within the documentation available for review, the "Steps to Take Before a Therapeutic Trial of Opioids" have not been done. In light of the above issues, the currently requested Tramadol is not medically necessary.