

Case Number:	CM15-0185498		
Date Assigned:	09/25/2015	Date of Injury:	02/21/2001
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 2-21-2001. The medical records indicate that the injured worker is undergoing treatment for multiple herniated nucleus pulposus of the lumbar spine, facet arthropathy of the lumbar spine, and lumbar radiculopathy. According to the progress report dated 8-7-2015, the injured worker presented for a follow-up for neck and low back complaints. In regards to his neck, he complains of constant, aching pain, strongest on the right side of his neck, rated 3 out of 10. He notes his pain radiates from the right side of his neck to the right side of his forehead. In regards to his low back, he complains of a constant, aching, and stabbing pain, rated 4-5 out of 10 on average, and 7 out of 10 at its worst. He notes radiating numbness into the lateral aspect of the left thigh. Since his last visit, he states that his pain symptoms have remained persistent and unchanged. The physical examination of the lumbar spine reveals tenderness to palpation, spasms, decreased left L4 and L5 dermatomes to pinprick and light touch, and positive facet challenge bilaterally. No exam of the cervical spine was indicated. The current medications are Norco and Lidopro cream. There is documentation of ongoing treatment with Ketoprofen cream since at least 4-15-2015. Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management, 24 physical therapy sessions, lumbar epidural steroid injection (no relief), and cervical epidural steroid injection (increased pain). Work status is described as permanent and stationary. The treatment plan included a trial of Tylenol #3 as needed for pain. The original utilization review (9-11-2015) had non-certified a request for Tramadol-APAP and CM3-Ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP (acetaminophen) 37.5/325mg, #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, criteria for use.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, a request for tramadol was made in the setting of ongoing successful outcome with Norco. There was no explanation provided in documentation provided for review for the addition of tramadol. There is no need for two short-acting opioids. Therefore, the request for tramadol/apap cannot be justified and will be considered medically unnecessary.

CM3-Ketoprofen cream 20%: 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: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of

oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there was a request for ketoprofen (topical), which is not recommended by the Guidelines, and there was no explanation found in the notes for why this medication was required over any other topical NSAID. Therefore, the ketoprofen will be considered medically unnecessary at this time.