

Case Number:	CM15-0186117		
Date Assigned:	09/28/2015	Date of Injury:	03/12/1998
Decision Date:	11/23/2015	UR Denial Date:	08/31/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 72 year old male, who sustained an industrial injury on 3-12-98. The injured worker is being treated for cervical radiculopathy at C4-5, disc herniation at C3-4 and C4-5 with moderate spinal stenosis, status post anterior cervical decompression and fusion at C5-6 and C6-7, status post right shoulder arthroscopy, left shoulder internal derangement, (HNP) herniated nucleus pulposus at L5-S1, lumbar spine facet hypertrophy, cervicogenic headaches, right knee osteoarthritis, trigger point in left trapezius and levator scapula, acute flare up of lumbar radiculopathy at L5-S1, flare of cervical radiculopathy and status post bilateral shoulder surgeries with residual chronic pain. Urine toxicology screening performed on 6-3-15 was consistent with medications prescribed. Treatment to date has included oral medications including Norco 10-325mg (which provides him approximately 90% symptomatic relief and improvement in activities of daily living and he has utilized since at least 11-14), lumbar epidural steroid injections, home exercise program, cervical fusion, bilateral shoulder surgeries and activity modifications. On 6-3-15, the injured worker complains of constant headaches rated 6 out of 10, constant neck pain rated out of 10 with radiation to the bilateral upper extremities, specifically the bilateral shoulders; he complains of constant low back pain rated 6 out of 10 with radiation to the bilateral lower extremities with associated numbness and tingling sensation and constant bilateral shoulder pain rated 5-6 out of 10 with radiation, numbness and tingling sensation; he also suffers from anxiety, stress and insomnia. Physical exam performed on 6-3-15 revealed severe tenderness to palpation and spasm on right side of neck with restricted range of

motion and lumbar spine revealed decreased range of motion. The treatment plan included continuation of Norco and topical creams including Flurbiprofen. On 8-31-15 request for Norco 10-325mg #120, Flurbiprofen 20% cream 120gm, Ketoprofen 20%- Ketamine 10% cream 120gm #1 and Gabapentin 10%-Cyclobenzaprine 10%-Capsaicin 0.0375% cream 120gm #1 were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: 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): 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 Norco, California Pain Medical Treatment Guidelines note that it 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. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Norco is medically necessary.

Flurbiprofen 20% cream 120gm #1: 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 topical flurbiprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical flurbiprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical flurbiprofen is for short term use, as recommended by guidelines. In

the absence of clarity regarding those issues, the currently requested topical flurbiprofen is not medically necessary.

Ketoprofen 20%/ Ketamine 10% cream 120gm #1: 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 topical Ketoprofen 20%/ Ketamine 10% cream 120gm #1, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Ketoprofen is not FDA approved for a topical application. Chronic Pain Medical Treatment Guidelines state that ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical ketoprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical ketoprofen is for short term use, as recommended by guidelines. Additionally, Ketoprofen is not FDA approved for a topical application. Furthermore, there is no indication that the patient has neuropathic pain and has exhausted all primary and secondary treatments. Additionally, there is no indication as to how the patient has responded to treatment with topical ketamine including analgesic efficacy and objective functional improvement. In the absence of clarity regarding those issues, the currently requested topical Ketoprofen 20%/ Ketamine 10% cream 120gm #1 is not medically necessary.

Gabapentin 10%/ Cyclobenzaprine 10%/ Capsaicin 0.0375% cream 120gm #1: 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 Gabapentin 10%/ Cyclobenzaprine 10%/ Capsaicin 0.0375% cream 120gm #1, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. 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. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Gabapentin 10%/ Cyclobenzaprine 10%/ Capsaicin 0.0375% cream 120gm #1 is not medically necessary.