MAXIMUS Federal Services

Case Number:	CM15-0186987		
Date Assigned:	09/29/2015	Date of Injury:	09/06/2012
Decision Date:	12/08/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/23/2015

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 58 year old female, who sustained an industrial injury on 9-06-2012. The injured worker was diagnosed as having status post interlaminar laminotomy with repair of incidental durotomy, right sided L2-3 on 1-22-2015, left trochanteric bursitis, spinal claudiciation at L2-5 with radicular symptoms as well as urinary hyperactivity, cervical spine musculoligamentous sprain-strain, lumbar musculoligamentous sprain-strain, bilateral hand-wrist sprain-strain, rule out carpal tunnel syndrome, upper and lower extremity radicular pain and paresthesias, thoracalgia, facet arthrosis, and acute muscular exacerbation with facet syndrome. Treatments to date has included lumbar spinal surgery, physical therapy and medications. The IW was advised to decrease utilization of NSAIDs because of occult kidney disease. On 8-18-2015, the injured worker complained of intermittent neck pain, rated 4 out of 10, and intermittent low back pain with radiation to the left flank area and bilateral lower extremities, rated 6 out of 10. It was documented that IW was not taking any medications at this time. The report on examination of the lumbar spine noted midline tenderness to palpation with left paralumbar area tightness and pain in the T12-L3 area, reduced range of motion due to pain but intact neurological examination. Her work status was modified with restrictions. Urine toxicology (5-04-2015) report noted inconsistent results with positive test for non prescribed benzodiazepine but negative prescribed opioids. The use of Norco was noted since at least 2-13-2015, at which time she complained of low back pain, rated at 1 out of 10, and right hip pain, rated at 3 out of 10. Per the Request for Authorization dated 8-25-2015, the treatment plan included renew Norco 10-325mg #20, Flurbiprofen 20% cream 120gm, Ketoprofen 20%,

Ketamine 10% cream 120gm, and Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120gm. On 9-02-2015 Utilization Review non-certified the requested Norco and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, indicators for addiction, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, non opioid co-analgesics, exercise and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records was not consistent with guidelines required compliance monitoring. The UDS was inconsistent with the absence of prescribed opioids and the presence of non prescribed benzodiazepines. There was no documentation of CURESS data reports, absence of aberrant behavior or functional restoration. There was no documentation of failure of treatment with orally administered NSAIDs and co-analgesics. The criteria for the use of Norco 10/325mg #20 was not medically necessary.

Flurbiprofen 20% cream 120g: 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 Chapter NSAIDs Topical Analgesics.

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 guidelines recommend that the use of NSAIDs be limited to the lowest possible dose for the shortest period to minimized the incidents of adverse effects. The records

indicate that the patient is utilizing multiple NSAIDs formulations. The records indicate that another provider had previously recommended discontinuation of NSAIDs because of history of occult kidney disease and NSAIDs induced renal complication. The criteria for the use of Flurbiprofen 20% cream 120g was not medically necessary.

Ketoprofen 20%/Ketamine 10% cream 120g: 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, specific drug list & adverse effects, 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 analgesics medications can be utilized for the treatment of localized neuropathic pain when orally administered first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There was no documentation of failure of treatment with orally administered first line medications. The guidelines recommend that topical medications be utilized individually for evaluation of efficacy. There is lack of guidelines support for the utilization of topical formulations of ketamine for the treatment of chronic musculoskeletal. The use of ketamine is reserved as a third line option for refractory CRPS due to limited data to support efficacy. The chronic use of topical Ketoprofen is associated with the development of photosensitive dermatitis. The first line topical medication for localized neuropathic pain is plain topical lidocaine patch. The criteria for the use of Ketoprofen 20% / ketamine 10% cream 120g was not medically necessary.

Gabapentin 20%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream 120g: 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), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics medications can be utilized for the treatment of localized neuropathic pain when orally administered first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There was no documentation of failure of treatment with orally administered first line medications. The guidelines recommend that topical medications be utilized individually for evaluation of efficacy. There is lack of guidelines support for the utilization of topical formulations of gabapentin or cyclobenzaprine in the treatment of chronic

musculoskeletal pain. The first line topical medication for localized neuropathic pain is plain topical lidocaine patch. The criteria for the use of gabapentin 20% / cyclobenzaprine 10% / capsaicin 0.0375% cream 120g was not medically necessary.