

Case Number:	CM15-0189607		
Date Assigned:	10/09/2015	Date of Injury:	06/14/2014
Decision Date:	12/15/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male, who sustained an industrial injury on 6-14-14. The injured worker was diagnosed as having cervical spine stenosis with radiculopathy, status post right shoulder arthroscopy with labral repair, and lumbar spine musculoligamentous sprain and strain with multilevel protrusion at L3 through the sacrum. Treatment to date has included right shoulder surgery on 3-19-15, physical therapy, and medication including Norco, Voltaren XR, and topical creams. Physical examination findings on 6-3-15 included motor weakness in the right deltoid, internal, and external shoulder rotators. Paresthesia was noted over the lateral aspect of the right shoulder. On 5-1-15, neck pain was rated as 5-6 of 10, low back pain was rated as 4-5 of 10, and right shoulder pain was rated as 7-8 of 10. On 6-3-15 neck pain was rated as 4 of 10 and right shoulder pain was rated as 7-8 of 10. The injured worker had been using Flurbiprofen 20% cream, Ketoprofen 20%; Ketamine 10% cream, and Gabapentin 10%; Cyclobenzaprine 10%; Capsaicin 0.0375% cream since at least May 2015. The injured worker has been taking Voltaren XR since at least June 2015. On 6-3-15, the injured worker complained of neck pain, right shoulder pain, and low back pain with associated spasms. On 7-9-15 the treating physician requested authorization for Voltaren XR 100mg #30, Flurbiprofen 20% cream 120g, Ketoprofen 20%; Ketamine 10% cream 120g, and Gabapentin 10%; Cyclobenzaprine 10%; Capsaicin 0.0375% cream 120g. On 9-14-15, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg, 1 by mouth a day QTY: 30: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the MTUS, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. However, a review of the injured workers medical records that are available did not reveal documentation of pain or functional improvement with the use of this medication, therefore medical necessity for continued use is not established. The request is not medically necessary.

Flurbiprofen 20% 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): Topical Analgesics.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, there is also no documentation of pain or functional improvement with the use of this medication; Therefore, the request is not medically necessary.

Ketoprofen 20% 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): Topical Analgesics.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application, it has an extremely high incidence of photo contact dermatitis. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and there are no extenuating circumstances to warrant the use of a topical product that is not FDA approved and not recommended by the MTUS, therefore the request for Ketoprofen 20% 120gm is not medically necessary.

Ketamine 10% 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): Topical Analgesics.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Ketamine is "only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted". A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, there is also no documentation of pain or functional improvement with the use of this medication, therefore the request for Ketamine 10% Cream 120gm is not medically necessary.

Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% Cream 120gm to be applied to the affected area twice a day to three times a 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): Topical Analgesics.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, gabapentin and Cyclobenzaprine are also not supported by the guidelines for topical use, continued use is not appropriate, therefore the request for Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% Cream 120gm to be applied to the affected area twice a day to three times a day is not medically necessary.