

Case Number:	CM15-0190441		
Date Assigned:	10/13/2015	Date of Injury:	02/17/2006
Decision Date:	12/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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 57 year old male who sustained an industrial injury on 2-17-2006. A review of medical records indicates the injured worker is being treated for status post transforaminal lumbar interbody fusion at L3-4, severe chronic pain and breakthrough pain, disc herniation at L3-4 with severe neural foraminal stenosis, status post decompression at L3-4, anterior posterior fusion at L4-5 and L5-S1 with residual chronic low back pain, status post right wrist open reduction internal fixation with chronic pain, bilateral sacroiliitis, facet arthropathy at L3-4 bilaterally with facet syndrome, multiple trigger points at L3-S1 bilaterally, left L3-4 radiculopathy, failed back surgery syndrome, anxiety and depression due to chronic pain, neuropathic pain of the bilateral lower extremities, and myofascial pain with musculoskeletal spasm. Medical records dated 8-5-2015 noted low back pain rated 8 out of 10 with radiation to the lower extremities. Intermittent right wrist and hand pain was rated a 3 out of 10. Pain was unchanged from the prior visit. Physical examination noted the lumbar spine revealed tenderness over L3 through S1 and bilateral sacroiliac joints. Range of motion was limited. Treatment has included Norco, Gabapentin, Tramadol and topical medication since at least 8-5-2015. Utilization review form noncertified consultation with psychiatrist for anxiety and depression due to chronic pain, Flurbiprofen 20% gel 120 gm, Ketoprofen 20% 120gm, Ketamine 10% gel 120 gm, gabapentin 10%, Cyclobenzaprine 10% Capsaicin 0.0375% 120 gm, and final confirmation of urine drug test results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with psychiatrist for anxiety and depression due to chronic pain: 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): Psychological evaluations.

Decision rationale: Per the MTUS psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. A psychiatric consult is appropriate in this injured worker with longstanding chronic pain and a psychological component to his delayed recovery, therefore the request for consultation with psychiatrist for anxiety and depression due to chronic pain is medically necessary.

Flurbiprofen 20% Gel 120gm, prescribed 08/05/15: 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 therefore the request for Flurbiprofen 20% Gel 120gm, prescribed 08/05/15 is not medically necessary.

Ketoprofen 20% 120gm, prescribed 08/05/15: 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 photocontact 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% cream 120 gm is not medically necessary.

Ketamine 10% Gel 120gm, prescribed 08/05/15: 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 therefore the request for Ketamine 10% Gel 120gm, prescribed 08/05/15 is not medically necessary.

Gabapentin 10% Cyclobenzaprine 10%, Capsaicin 0.0375% 120gm, prescribed 08/05/15: 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 therefore

the request for Gabapentin 10% Cyclobenzaprine 10%, Capsaicin 0.0375% 120gm, prescribed 08/05/15 is not medically necessary.

Final confirmation of urine drug test results (collected 08/05/15), retrospectively: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Urine Drug testing.

Decision rationale: Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/addiction. Per the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. A review of the injured workers medical records reveal urine drug testing that is consistent with treatment and there was no rationale given for additional testing there was also no documentation of risk stratification and without this information medical necessity for Final confirmation of urine drug test results (collected 08/05/15), retrospectively is not established. The request is not medically necessary.