MAXIMUS Federal Services

Case Number:	CM15-0190442		
Date Assigned:	10/02/2015	Date of Injury:	03/22/2013
Decision Date:	11/13/2015	UR Denial Date:	09/08/2015
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: New Jersey, New York
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 38 year old female who sustained an industrial injury on 3-22-13. Diagnoses are noted as cervical spine sprain-strain with bilateral upper extremity radiculopathy, thoracic spine sprain-strain, "lumbar disc protrusion at L5-L6 and L6-S1 with annular tear at L6-S1", bilateral lower extremity radiculopathy, bilateral shoulder sprain-strain, bilateral ankle sprain-strain, left wrist carpal tunnel syndrome, anxiety, depression, and gastrointestinal-gastroesophageal reflux disease secondary to industrial injury. In an agreed medical examiner's supplemental medical-legal report dated 7-17-15, the physician notes review of the lumbar MRI dated 4-15-14 and that the "study was said to show a 2-mm central disc protrusion at L5-6 and a 2-mm disc protrusion at L6-S1 with mild bilateral foraminal stenosis" and that he contacted the imaging center physician and spoke with him. "He advised that there were 5 lumbar vertebrae and advised at the level of L5-S1, there was a left sided disc protrusion with an annular tear." Previous treatment includes physical therapy, acupuncture, medications, a cane, left knee brace, and left ankle-foot brace. In a progress report dated 8-24-15, the physician notes complaints of constant severe neck pain with radiation to bilateral upper extremities down into bilateral hands with associated numbness and tingling sensation, constant severe bilateral shoulder pain with radiation to bilateral upper extremities with associated numbness and tingling sensation, constant severe low back pain with radiation to bilateral lower extremities down into the feet with associated numbness and tingling sensation, constant severe bilateral knee pain and cramping of the bilateral upper and lower extremities. Pain is rated at 10 out of 10. She reports clicking in the left hip and that her pain is getting worse. It is noted she suffers anxiety, depression, stress, and

insomnia secondary to pain. Physical exam of the lumbar spine reveals tenderness to palpation over the lumbar paravertebral musculature, decreased range of motion positive straight leg raise test bilaterally and weakness and sensory deficit in the lower extremities. Her gait is noted as slow. She is currently using topical cream medications for pain management. The treatment plan is physical therapy, acupuncture, psychiatric evaluation, and refill topical cream medications. Work status is noted as permanent and stationary with restriction from working at this time. A request for authorization is dated 8-24-15. On 9-8-15, the requested treatment of Flurbiprofen 20% 120 grams, Ketoprofen 20%-Ketamine 10% 120 grams, Gabapentin 10%-Cyclobenzaprine 10%-Capsaicin 0.0375% 120 grams was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 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: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Therefore, the request is considered not medically necessary.

Ketoprofen 20%, Ketamine 10% 120 gm: 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 request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The efficacy of topical NSAIDs has shown inconsistent results in studies. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis and tendinitis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. It is recommended only for short term use. It is not recommended for neuropathic pain. Ketoprofen is not FDA approved for

topical application. According to MTUS guidelines, the use of topical ketamine is under study. It is only recommended for "treatment of neuropathic pain in refractory cases in which primary and secondary treatment has been exhausted." It has only been studied in patients with CRPS I and post-herpetic neuralgia. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.

Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% 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: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. According to MTUS, topical gabapentin is not recommended as there is no peer- reviewed literature to support use. There is no evidence to use muscle relaxants as a topical product. Topical capsaicin has been useful with osteoarthritis, fibromyalgia, and chronic non- specific back pain. It is useful in patients whose pain is not controlled by conventional therapy. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.