

Case Number:	CM15-0194405		
Date Assigned:	10/08/2015	Date of Injury:	11/13/2002
Decision Date:	11/19/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 52 year old female who sustained an industrial injury on 11-13-02. Provider documentation dated 8-3-15, 7-31-15 and 5-26-15 did not note the injured workers Subjective Complaints. Provider documentation dated 8-3-15, 7-31-15 and 5-26-15 did not note the injured workers pain rating. Provider documentation dated 8-3-15, 7-31-15 and 5-26-15 did not note the injured workers work status. Objective findings dated 8-3-15 were notable for "Patient has Diabetes Type 2, Peptic Ulcer, Irritable Bowel Syndrome and Hypertensive Cardiovascular Disease." Objective findings dated 7-31-15 were notable for anxiety and panic attacks. Treatment has included continuous positive airway pressure used to treat obstructive sleep apnea as noted in PR-2 dated May of 2015. The original utilization review (9-3-15) denied a request for Ketopro 20%, Lid 5%, Cycl 1%, quantity: 60, Reguloid laxative powder, quantity: 426 and Meclizine 25mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketopro 20%, Lid 5%, Cycl 1%, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine or muscle relaxants (not recommended) MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. Ketoprofen (not recommended) Per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions." Lidocaine (recommended after failure of 1st line) ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. The topical treatment has 2 components which are not recommended. As such, the request for Ketopro 20%, Lid 5%, Cyclo 1%, quantity: 60 is not medically necessary.

Reguloid laxative powder, quantity: 426: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DailyMed (<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid>) Reguloid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment and Other Medical Treatment Guidelines UpToDate.com, docusate and senna.

Decision rationale: Docusate and sennoside are stool softeners and laxatives, respectively. This patient is not currently undergoing treatment with any opioids. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard

stools, add bulk, and increase water content of the stool". Uptodate states "Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents." Additionally, "There is little evidence to support the use of surfactant agents in chronic constipation. Stool softeners such as docusate sodium (e.g., Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less effective than other laxatives". The treating physician does not document any attempts at first line therapy and does not document the results of the first line therapy. Additionally, the medical documents did not include complaints of bowel dysfunction. As such, the request for Reguloid laxative powder, quantity: 426 is not medically necessary at this time.

Meclizine 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DailyMed (<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid>) Meclizine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antiemetics (for opioid nausea).

Decision rationale: The MTUS is silent on meclizine. The ODG states that, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients." The indication per the requesting provider is for vertigo. The medical records provided fail to demonstrate complaints of vertigo or exam findings consistent with vertigo. There is no documentation of nausea from her medications. The request for meclizine 25mg is not medically necessary.