

Case Number:	CM15-0197297		
Date Assigned:	10/12/2015	Date of Injury:	10/12/2010
Decision Date:	11/23/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/07/2015

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: Washington, California

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 39 year old male who sustained an industrial injury on 10-12-10. The injured worker was diagnosed as having lumbar radiculopathy, multilevel disc herniation of the lumbar spine and depression anxiety secondary to his industrial injury. He is not working. Treatment to date has included acupuncture x 6 sessions from 2011-2013 with "minimal relief", a bilateral L5-S1 epidural injection on 8-22-12 with "moderate relief", a home exercise program, corset and medication. Medical records (4-8-15 through 7-15-15) indicated 8/10 pain in the lower back. The physical exams for those visits revealed limited lumbar range of motion and intact sensory in the bilateral lower extremities. As of the PR2 dated 8-26-15, the injured worker reported constant aching and stabbing pain in his lower back. Norco improved his pain down from 8-9/10 to 5/10. He had no complications or side effects from his medications. Objective findings included intact sensory exam in the bilateral lower extremities and limited lumbar flexion to 35 degrees and extension to 5-10 degrees. Current medications included LidoPro cream, Ketoprofen cream (started on 7-15-15) and Norco (since at least 4-8-15). The treating physician requested CM3-Ketoprofen 20%, Norco 10-325mg #90 and a follow up with pain psychology. The Utilization Review dated 9-22-15, non-certified the requests for CM3-Ketoprofen 20% and a follow up with pain psychology and modified the request for Norco 10-325mg #90 to Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3 - Ketoprofen 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Summary, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal 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 1) FDA list of Approved Medications available at: <http://www.accessdata.fda.gov/scripts/cder/ob/docs/tempai.cfm>. 2) Other: Klinge SA, Sawyer GA. Effectiveness and safety of topical versus oral non-steroidal anti-inflammatory drugs: a comprehensive review. *Phys Sportsmed.* 2013 May; 41 (2): 64-74.

Decision rationale: Ketoprofen cream is a non-steroidal anti-inflammatory (NSAIDs) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trials for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. Although most topical analgesics are recommended for treatment of neuropathic pain, topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis in joints amenable to its use, such as the shoulder, knee or elbow. Head-to-head studies of oral NSAIDs with topical NSAIDs suggest topical preparations should be considered comparable to oral NSAIDs and are associated with fewer serious adverse events, specifically gastrointestinal reactions. There is little evidence to support topical NSAID use in treating inflammatory conditions of the hip or spine. This patient does present with low back pain so may not benefit from use of a topical NSAID. Also, the MTUS does not recommend use of topical ketoprofen because it is not FDA approved for this use. Considering all the above information, medical necessity for use of this formulation of ketoprofen has not been established, therefore is not medically necessary.

Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. There is good documentation that the provider is following most of the MTUS guidelines. The patient has failed a first-line chronic pain medication (amitriptyline) but has noted improved function and less pain with use of opioid medication, and he tolerates this medication without side effects. However, there is no documentation of a patient opioid use contract or screening for addiction or aberrant behaviors/medication misuse. The safe use of chronic opioid therapy should have this documentation. In light of this, though, it is important to point out that the provider has prescribed only a small amount of Norco (90 tablets for 6 week period) and the medical records document use of this medication only on an as needed basis. This appears to be a safe pattern of use. Medical necessity for the continued safe use of this medication has been established, therefore is medically necessary.

Follow up with pain psychology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Initial Assessment, Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations, Psychological treatment.

Decision rationale: This patient is over 5 years past his date of injury and is still significantly disabled. It is well known that there are multiple barriers to recovery from work-related injuries and psychosocial barriers are common. Additionally, the patient's condition has caused development of an associated psychological condition that will require ongoing treatment. Psychological interventions are in wide spread use for chronic pain populations for these reasons and are effective in distinguishing these barriers and determining psychosocial interventions. In order to move this patient into recovery his treatment will need to continue to require adequate psychological support, therefore is medically necessary.