

Case Number:	CM15-0200988		
Date Assigned:	10/16/2015	Date of Injury:	11/21/2011
Decision Date:	12/15/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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: California

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 60 year old female, who sustained an industrial injury on 11-21-2011. The injured worker is currently temporarily totally disabled (as of 06-02-2015). Medical records indicated that the injured worker is undergoing treatment for cervical sprain-strain, cervical disc herniation, cervical paraspinal muscle spasms, cervical radiculopathy of bilateral upper extremities, and chronic pain. Treatment and diagnostics to date has included cervical epidural steroid injection (with noted "50% improvement"), use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Recent medications have included Duragesic patches, Gabapentin, Terocin patches, and compound creams. Subjective data (07-15-2015 and 09-09-2015), included neck pain and headaches. Objective findings (09-09-2015) included pain on palpation over the cervical spinous processes, increased tone in bilateral trapezius muscles, radiculopathy follows the dermatomal distribution of C3-C7, decreased cervical spine range of motion, and positive cervical compression, cervical distraction, and Adson tests. The Utilization Review with a decision date of 09-30-2015 denied the request for P-stim (pulse stimulation) x 4 and two compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

P-stim (pulse stimulation), times 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Percutaneous electrical nerve stimulation (PENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Percutaneous electrical nerve stimulation (PENS).

Decision rationale: Per the MTUS guidelines, Percutaneous electrical nerve stimulation (PENS) is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. In this case, the medical records do not establish that this treatment will be used as an adjunct to a program of evidence based functional restoration. In addition, as noted per the MTUS guidelines, there is lack of high equality evidence to prove the long term efficacy of this treatment. The request for P-stim (pulse stimulation), times 4 is not medically necessary and appropriate.

Compound cream: Flurbiprofen, Dextromethorphan in Lidoderm, #180 (DOS: 09/09/2015) DS: 30: 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 rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that topical gabapentin is not recommended and there is no peer-reviewed literature to support use. The MTUS guidelines state that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. There is no evidence for use of muscle relaxant such as cyclobenzaprine as a topical product. The request for Compound cream: Gabapentin, Ketoprofen, Tramadol & Cyclobenzaprine in Lidoderm, #180 (DOS: 09/09/2015) DS: 30 is not medically necessary and appropriate.

Compound cream: Gabapentin, Ketoprofen, Tramadol & Cyclobenzaprine in Lidoderm, #180 (DOS: 09/09/2015) DS: 30: Upheld

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Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents.

Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that topical gabapentin is not recommended and there is no peer-reviewed literature to support use. The MTUS guidelines state that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. There is no evidence for use of muscle relaxant such as cyclobenzaprine as a topical product. The request for Compound cream: Gabapentin, Ketoprofen, Tramadol & Cyclobenzaprine in Lidoderm, #180 (DOS: 09/09/2015) DS: 30 is not medically necessary and appropriate.