

Case Number:	CM15-0037929		
Date Assigned:	03/06/2015	Date of Injury:	04/08/2004
Decision Date:	04/23/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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, Texas
 Certification(s)/Specialty: Internal 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 63 year old female with an industrial injury date of 04/08/2004. The mechanism of injury is documented as occurring while she was carrying a stack of binders when they started to fall. She tried to catch them and sustained injuries to both shoulders and wrists. She presented on with pain in right thumb, wrist pain and pain in both shoulders. Prior treatment includes conservative care, physical therapy, right shoulder surgery, left shoulder surgery and carpal tunnel release. Diagnosis includes status post left and right carpal tunnel release, right 4th finger tendinitis without triggering and right volar radial wrist ganglion cyst. The request for retrospective usage of Sprix nasal spray 15.75 mg (DOS 01/20/2015) was non-certified by utilization review. The request for retrospective usage of Fluticasone/Levocetirizine/Dihydrochl /Prilocaine HCL/Liquigel/Vitamin E/Gabapentin/Hydrogel (DOS 01/29/2015) was non-certified. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request Sprix nasal spray 15.75mg (DOS: 01/20/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Uptodate.com. Drug information.

Decision rationale: Ketorolac is indicated for the short-term (up to 5 days in adults) management of moderate to moderately severe pain that requires analgesia at the opioid level. Do not exceed a total combined duration of use of ketorolac nasal spray and other ketorolac formulations (intramuscular [IM]/intravenous [IV] or oral) of 5 days. Ketorolac is an NSAID. All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. In this case, the documentation doesn't support the use for Ketorolac. There is no specification of indicated time of use and benefits don't outweigh the potential adverse reactions. Therefore, the requested treatment is not medically necessary.

Retrospective request for Fluticasone/Levocetirizine Dihydrochl/Prilocaine/Hcl/Liquigel/Vitamin E/Gabapentin/Hydrogel (DOS: 01/29/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

Decision rationale: According to the MTUS section on chronic pain topical analgesics 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. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the medication requested contains gabapentin.