

Case Number:	CM15-0043168		
Date Assigned:	03/13/2015	Date of Injury:	12/04/2003
Decision Date:	04/16/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/06/2015

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: Hawaii, California, Iowa

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 60-year-old female, who sustained an industrial injury on 12/4/03. She reported a neck injury. The injured worker was diagnosed as having cervical facet arthropathy, cervical fusion C5-7 and neck pain. Treatment to date has included cervical fusion C5-7, oral medications including opiates, muscle relaxant, topical cream and home exercise program. Currently, the injured worker complains of constant aching neck pain with radiation to bilateral upper extremities. The injured worker is currently taking Tylenol #3 and using Ketoprofen cream she states they minimally reduce her pain level and provide her with normalization of her function. Limited range of motion is noted of cervical spine with tenderness to palpation of cervical spine and spasms also noted. The current treatment plan includes continuation of Tylenol #3, using the lowest dose effective that allows her to increase her function, Prilosec, Senna and Ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Topical compound CM3-Ketoprofen 20% 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical compound.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends 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." 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." Guidelines do not support the usage of this compound medication. The treating physician does not outline extenuating circumstances to go against guidelines. Additionally, the medical documents do not indicate failure of antidepressants or anticonvulsants. As such, the request for (1) Prescription of Topical compound CM3-Ketoprofen 20% 30gm is not medically necessary.

(1) Prescription of APAP with codeine 300/30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Tylenol with Codeine®).

Decision rationale: MTUS and ODG state regarding codeine, "Recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain." ODG further states regarding opioid usage, "Not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED)." The medical records do not indicate what first-line treatment was tried and failed. Additionally, medical records do not detail how the patient's pain and functional level with Tylenol with Codeine has improved. As such, the request for Prescription of APAP with codeine 300/30mg #120 is not medically supported at this time.