

Case Number:	CM15-0047085		
Date Assigned:	03/19/2015	Date of Injury:	06/03/2009
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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: Texas, New York, 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 applicant is a represented 50-year-old who has filed a claim for chronic neck pain, low back, elbow pain, and wrist pain with derivative complaints of depression and anxiety reportedly associated with cumulative trauma at work first claimed on June 3, 2009. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve requests for a capsaicin-containing topical compound, a ketamine-containing topical compound, Zofran, and Norco. The articles in question were apparently prescribed and/or dispensed on or around July 8, 2013. The applicant's attorney subsequently appealed. In an RFA form dated April 2, 2015, the attending provider sought retrospective authorization for the article in question, all of which were apparently prescribed and/or dispensed on or around July 8, 2013. In a letter dated March 31, 2015, the attending provider noted that the applicant had multifocal pain complaints reportedly attributed to cumulative trauma at work. The applicant had apparently completed a functional restoration program. It was suggested that the applicant was using topical compounds in question for neuropathic pain, Zofran for nausea, and Norco for breakthrough pain. It was suggested that the applicant had developed issues with nausea secondary to opioid usage, including usage of BuTrans and/or Norco. The applicant's work status was not explicitly stated. In a progress note dated May 21, 2013, the applicant reported bilateral upper extremity pain, bilateral shoulder pain and neck pain with associated difficulty gripping, grasping, and writing. The applicant had developed issues with depression. The applicant's medication list included Lunesta, Neurontin, the capsaicin-containing cream at issue, ketamine-containing cream, Relafen, Protonix, Zofran, Flexeril, Norco, Dilaudid, Desyrel, Sudafed, and Ativan, it was acknowledged. Multiple

medications were refilled. The attending provider stated that applicant's pain medications were attenuating her pain complaints. The attending provider posited that the applicant will be bedridden without her medications. Permanent work restrictions were renewed. The attending provider acknowledged that the applicant was not working with said limitations in place. In a progress note dated June 1, 2013, the attending provider acknowledged that the applicant had apparently gone to the emergency department recently owing to alleged flare in pain. Home Health services were sought as it was alleged that the applicant was in too pain to wash her own hair, dress herself, perform house work, cook, etc. Permanent work restrictions were, again, renewed in conjunction with Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Capsaicin cream 0.075% QTY: 4.00 7/8/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

Decision rationale: No, the request for a capsaicin containing topical compounded cream was not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as a last line agent, in applicants who have responded to or are intolerant to other treatments. Here, however, the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Desyrel, Dilaudid, Flexeril, Neurontin, etc., effectively obviated the need for the capsaicin containing compound in question. Therefore, the request was not medically necessary.

Retro Ketamine 5% cream 60gm 7/8/2013 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 113.

Decision rationale: Similarly, the request for a ketamine containing topical compounded cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, the topical ketamine is considered "under study" and recommended only in those applicants with refractory cases of neuropathic pain in whom all primary and secondary treatments have been exhausted. Here, as with the preceding request, the applicant's ongoing usage of anticonvulsant adjuvant medications such as Neurontin, however, effectively obviated the need for ketamine-containing compound in question. Therefore, the request was not medically necessary.

Retro Zofran 4mg QTY: 10.00 7/8/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>.

Decision rationale: Similarly, the request for Zofran (ondansetron) was likewise not medically necessary, medically appropriate, or indicated here. As noted on pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, the attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same, and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), notes that ondansetron (Zofran) is indicated in the treatment of the nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there was no mention of the applicant's having had any cancer chemotherapy, radiation therapy, and/or surgery. Rather, it appeared that the attending provider was intent on employing Zofran for opioid-induced nausea. This is not an FDA approved role for the same. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence, which would support such usage. Therefore, the request was not medically necessary.

Retro Hydrocodone/Apap 10/325mg 7/8/2013 QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-83, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on progress notes of May 21, 2013 and June 31, 2013, following imposition of the permanent work restrictions. The applicant reported heightened complaints of pain on those dates, it was noted. The applicant reported difficulty performing activities of daily living as basic as dressing herself, washing her hair, performing household chores, cooking, etc. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. The applicant's comment to the effect that she would be bedridden without her medications does not, in and of itself, constitute evidence of a meaningful or material benefit effected as a result of the same. Therefore, the request was not medically necessary.