

Case Number:	CM14-0124690		
Date Assigned:	08/08/2014	Date of Injury:	07/01/2005
Decision Date:	09/19/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old female who reported an injury on 07/01/2005. The mechanism of injury was not provided. On 01/03/2014, the injured worker presented with left upper extremity and cervical myofascial pain. Current medications included; lamictil tablets, cyclobenzaprine, gabapentin, Wellbutrin, Flexeril, Dendracin cream, ketoprofen, and capsaicin. The diagnoses were; reflex sympathetic dystrophy of upper limb, cervicgia, and joint pain of the forearm. Upon examination, there was left hand guarding in a stocking glove, a nonantalgic gait with no assistive devices used for walking, and the injured worker was able to sit for 15 minutes without any limitations or evidence of pain. The provider has recommended; ketoprofen, gabapentin, flexeril, capsaicin cream, and dendrocin cream. The provider's rationale was not provided. The request for authorization form was dated 10/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70.

Decision rationale: The California MTUS Guidelines state that NSAIDs are associated with risk of cardiovascular events including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time, consistent with individual treatment goals. There was a lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, the request for ketoprofen 75 mg with a quantity of 180 is not medically necessary.

Gabapentin 300mg #450: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The injured worker has been chronically taking muscle relaxants, and the efficacy of the medication is not provided. Long-term use is not supported for these types of medications. The provider's request for gabapentin 300 mg with a quantity of 450 exceeds the guideline recommendation of short-term treatment. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for 300 mg with a quantity of 450 is not medically necessary.

Flexeril 10mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

Decision rationale: The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for Flexeril 10 mg with a quantity of 180 exceeds the guideline recommendation of short-term therapy. The provided medical records lacked documentation of significant functional improvement with the prior use of this medication. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Flexeril 10 mg with a quantity of 180 is not medically necessary.

Capsaicin Cream 0.025% #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The guidelines note that capsaicin is recommended for use in injured workers who are intolerant of or unresponsive to other treatments. The only formulation of lidocaine that is recommended is Lidoderm. There is a lack of evidence of a failed trial of an antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the site that the cream is indicated for or the frequency of the medication in the request as submitted. As such, the request for capsaicin cream 0.025% with a quantity of 90 is not medically necessary.

Dendracin Cream, 3 month supply, Qty: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The guidelines note that Dendracin is recommended for use in injured workers who are intolerant of or unresponsive to other treatments. Dendracin includes methyl salicylate, benzocaine and menthol. The only formulation of lidocaine that is recommended is Lidoderm. There is a lack of evidence of a failed trial of an antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the site that the cream is indicated for or the frequency of the medication in the request as submitted. As such, the request for Dendracin cream 0.025%, 3 month supply is not medically necessary.