MAXIMUS Federal Services

Case Number:	CM14-0125706		
Date Assigned:	08/11/2014	Date of Injury:	09/03/2013
Decision Date:	10/17/2014	UR Denial Date:	07/23/2014
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 Occupational Medicine and is licensed to practice in California. 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:

This is a 52-year-old male with a 9/3/13 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/2/14, the patient was seen for a follow-up examination of his right foot and ankle. He stated that he continued to experience burning on the lateral aspect of the right ankle along with sharp pain, rated as a 7/10. Objective findings: status post arthroscopy of right ankle, x-rays show no increase of osteoarthritis. Diagnostic impression: ankle sprain, pain in joint, ankle and foot. Treatment to date: medication management, activity modification, surgery. A UR decision dated 7/23/14 denied the request for Flurbiprofen 20% /Cyclobenzaprine 10%/ Menth 4% cream, Kera-Tek Topical gel, and Hydrocodone-APAP/Ondansetron. Regarding Flurbiprofen 20% /Cyclobenzaprine 10%/ Menth 4% cream, there is no orthopedic clinical documentation submitted to demonstrate the use of the topical cream for the appropriate diagnosis or for the recommended limited periods of time. Regardking Kera-Tek topical gel, it is no medically necessary for the treatment of the patient for the diagnosis of s/p arthroscopy ankle pain. Regarding Hydrocodone-APAP/Ondansetron, the patient is being prescribed ondansetron for an off label purpose and does not meet the criteria recommended for the use of the anti-nausea medications developed for chemotherapy side effects. There is no objective evidence provided to support the continued prescription of opioid analgesics for post operative ankle arthroscopy pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% /Cyclobenzaprine 10%/ Menth 4% cream 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of Flurbiprofen and Cyclobenzaprine in a topical formulation. A specific rationale identifying why this topical compounded cream would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Flurbiprofen 20% /Cyclobenzaprine 10%/ Menth 4% cream 180gm was not medically necessary.

Keratek Gel #4oz Menthol 16%/ Methl Salicylate 28%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Kera-Tek has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. A specific rationale identifying why this patient requires Kera-Tek instead of an over-the-counter equivalent was not provided. Therefore, the request for Keratek Gel #4oz Menthol 16%/ Methyl Salicylate 28% was not medically necessary.

Hydrocodone/APAP/Ondan 10/300/2mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81. Decision based on Non-MTUS Citation FDA (Ondansetron)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose;

and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. California MTUS and Official Disability Guidelines (ODG) do not address the issue of Ondansetron. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. There is no documentation that the patient suffers from nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. Ondansetron is not indicated for the prophylaxis of nausea and/or vomiting from opioid medications. Therefore, the request for Hydrocodone/APAP/Ondan 10/300/2mg #40 was not medically necessary.