MAXIMUS Federal Services

Case Number:	CM14-0134002		
Date Assigned:	08/25/2014	Date of Injury:	03/12/1996
Decision Date:	09/29/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family 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 case involves a male injured worker who reported an industrial injury on 3/12/1996, over 18 years ago, attributed to the performance of his customary job duties. The injured worker complained of neck pain radiating to the right side of the neck and into the right upper extremity. The injured worker also complained of intermittent low back pain radiating down to the bilateral lower extremities with numbness and tingling. The injured worker claimed anxiety, depression, stress, and insomnia. The injured worker was reported to be taking Lortab for pain along with topical compounded analgesic creams. The objective findings on examination included decreased cervical spine range of motion; positive Spurling's maneuver; positive cervical compression tests bilaterally; positive Hoffmans test bilaterally; reflexes reported as normal; decreased sensation in the right C5 and C6 dermatome. The injured worker was diagnosed with chronic neck and back pain. The treatment plan included for treatments with percutaneous electrical stimulation of targeted peripheral nerves over 60 days to reduce pain levels in medication use. The injured worker was reported to have failed TENS treatment as well as physical therapy and other conservative modalities. The injured worker was prescribed three separate topical compounded analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

P-Stim, four treatments over the the course of sixty days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines electrical stimulation percutaneous electric nerve stimulation Page(s): 45; 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-percutaneous electrical nerve stimulation.

Decision rationale: There is no demonstrated medical necessity for the requested four sessions over 60 days percutaneous electrical nerve stimulation as it is not recommended as a primary treatment modality. There is no demonstrated evidence of a functional restoration program and there is no evidence that the TENS unit was trialed provided no functional improvement. There is no demonstrated barrier to the conduction of the electrical stimulation that would include scar tissue or obesity that would require the use of needles inserted to a depth of 1-4 cm over the available electrodes provided with other forms of neuromuscular stimulation. The requested four sessions of P-stimulation is not demonstrated to be medically necessary for the cited diagnoses and chronic pain 18 years after the date of injury. Therefore, this request is not medically necessary.

Flurbiprofen 20% gel, 120g, quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128,Chronic Pain Treatment Guidelines anti-inflammatory medications muscle relaxants ; topical analgesics Page(s): 22, 67-68; 63; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-cyclobenzaprine; capsaicin; muscle relaxants; topical analgesics; topical analgesics compounded.

Decision rationale: The prescription for the topical analgesic Flurbiprofen 20% gel, 120 g is not medically necessary. There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the Official Disability Guidelines (ODG), then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with any assessment of functional improvement. The patient is stated to have reduced pain with the topical creams; however, there is no functional assessment and no quantitative decrease in pain documented. The use of topical non-steroidal anti-inflammatory drugs (NSAIDs) is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum

levels and dosing with the topicals. The patient is not demonstrated to have any gastrointestinal (GI) issue at all with NSAIDS. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical NSAID Flurbiprofen 20% gel, 120 g is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain to multiple body sites. The use of the topical gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Flurbiprofen 20% gel 120 g not supported by the applicable evidence-based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The prescription for Flurbiprofen 20% gel 120 g is not medically necessary for the treatment of the patient's chronic pain complaints. The prescription of Flurbiprofen 20% gel 120 g is not recommended by the CA MTUS; ACOEM guidelines, and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate-noting the specific comment, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of for the treatment of chronic pain. As such, this request is not medically necessary.

Ketoprofen 20%/Ketamine 10% gel, 120 g,quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128,Chronic Pain Treatment Guidelines topical analgesics; anti-inflammatory medications; Ketamine Page(s): 112-113; 22, 67-68 , 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section topical analgesics; topical analgesics compounded;.

Decision rationale: The request for the topical compounded analgesic Ketoprofen 20%/Ketamine 10% gel, 120 g is not medically necessary. The use of topical Ketamine 5% is not recommended by the California MTUS. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. The Official Disability Guidelines (ODG) recommended as a possible treatment for neuropathic pain after spinal cord injury; however, Ketamine was associated with frequent side effects. The use of the topical creams does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated

evidence that the topicals are more effective than generic oral medications. Furthermore, the use of Ketoprofen 20%/Ketamine 10% gel, 120 g not supported by the applicable CA MTUS and ODG guidelines as cited above. The continued use of topical non-steroidal anti-inflammatory drugs (NSAIDs) or analgesics for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical compounded medication for the treatment of the industrial injury. Therefore, this request is not medically necessary.

Gabapentin 10%/Cyclobenzaprine 10%/ Capsacin 0.0375% gel 120 g, quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128,Chronic Pain Treatment Guidelines topical analgesics ; anti-inflammatory medications Page(s): 112-113; 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section topical analgesics; topical analgesics compounded;.

Decision rationale: The prescription for the topical compounded Gabapentin 10%/Cyclobenzaprine 10%/ Capsacin 0.0375% gel 120 g cream is not medically necessary. There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the Official Disability Guidelines (ODG), then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded creams. There is no documented efficacy of the prescribed topical compounded analgesics with any assessment of functional improvement. The patient is stated to have reduced pain with the topical creams/gels; however, there is no functional assessment and no quantitative decrease in pain documented. The use of topical non-steroidal anti-inflammatory drugs (NSAIDs) is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any gastrointestinal (GI) issue at all with NSAIDS. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical compounded Gabapentin 10%/Cyclobenzaprine 10%/ Capsacin 0.0375% gel 120 g cream is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain to the neck and back. The use of the topical gels/creams does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the

same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of topical compounded Gabapentin 10%/Cyclobenzaprine 10%/ Capsacin 0.0375% gel 120 g cream is not supported by the applicable evidence-based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. As such, this request is not medically necessary.