MAXIMUS Federal Services

Case Number:	CM14-0093640		
Date Assigned:	07/25/2014	Date of Injury:	01/19/2005
Decision Date:	09/22/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/20/2014

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 74-year-old patient had a date of injury on 1/19/2005. The mechanism of injury was not noted. In a progress noted dated 5/13/2014, subjective findings included low back pain radiating to her bilateral lower extremities, worse on right than left. On a physical exam dated 5/13/2014, objective findings included alert and oriented x3, limited range of motion of lumbar spine in flexion and extension, secondary to increased pain, tightness and stiffness. There is tightness, tenderness, and trigger points in lumbar paravertebral, quadratus lumborum, gluteus medius, maximus muscles bilaterally. Diagnostic impression shows lumbar radiculopathy, status post bilateral lumbar facet joint injections at L3 to S1 in November 2013.Treatment to date medication therapy, behavioral modification, epidurals. A UR decision dated 5/21/2014 denied the request for Vicoden ES, stating no functional benefit from previous use, as well as absent quantity provided. Ketoprofen/Gabapentin/Lidocaine rub and Tramadol/Baclofen rub were denied, stating that no documentation of patient's intolerance of oral medications, and guidelines do not recommend compound topical analgesic creams as they are considered highly experimental without proven efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES: Upheld

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

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

Decision rationale: CA 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. In the reports viewed, and in the progress report dated 5/13/2014, there was no documented functional improvement noted from the patient's opioid regimen. Furthermore, there was no quantity specified, and no discussion of lack of aberrant drug behavior or adverse effects were found therefore, the request for Vicoden ES is not medically necessary.

Ketoprofen/Gabapentin/Lidocaine rub: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, compounded.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Gapsaicin 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. In the reports viewed, and in the progress report dated 5/13/2014, there was no discussion of the patient failing an oral analgesic such as ibuprofen or naproxen. Furthermore, topical analgesics are largely experimental in use, and the reports failed to discuss why specifically this patient needs this topical formulation. Therefore, the request for Ketoprofen/Gabapentin/Lidocaine rub is not medically necessary.

Tramadol/Baclofen rub: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, compounded.

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

Decision rationale: CA 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. In the reports viewed, and in the progress report dated 5/13/2014, there was

no discussion of the patient failing an oral analgesic such as ibuprofen or naproxen. Furthermore, topical analgesics are largely experimental in use, and the reports failed to discuss why specifically this patient needs this topical formulation therefore, the request for Tramadol/Baclofen rub is not medically necessary.