

Case Number:	CM13-0052923		
Date Assigned:	12/30/2013	Date of Injury:	08/22/2002
Decision Date:	01/27/2015	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 Emergency 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:

The injured worker is a 50 year-old female, who sustained an injury on August 22, 2002. The mechanism of injury is not noted. Diagnostics have included: 9/24/13 urine drug screen. Treatments have included: Medications. The current diagnoses are: Herniated nucleus pulposus at C5-6; temporomandibular disorder; right shoulder impingement syndrome; right knee internal derangement; fibromyalgia; chronic fatigue syndrome; anxiety/depressive disorder. The stated purpose of the request for 120 CMPD-GABAPENTIN/CYCLOBENZAPRINE/ETHOXY LI/PENTRAVAN was to provide pain relief. The request for 120 CMPD-GABAPENTIN/CYCLOBENZAPRINE/ETHOXY LI/PENTRAVAN was denied on November 1, 2013, citing the rationale that guideline criteria have not been met as there are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested compound prescription in the injured worker's clinical scenario. The stated purpose of the request for 120 CMPD-FLURBIPROFEN/ETHOXY LI/PENTRAVAN was to provide pain relief. The request for 120 CMPD-FLURBIPROFEN/ETHOXY LI/PENTRAVAN was denied on November 1, 2013, citing the rationale that guideline criteria have not been met as there are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested compound prescription in the injured worker's clinical scenario. The stated purpose of the request for 120 CPMD-KETAMINE/KETOPROFEN/ETHOXY LI/PENTRAVAN was to provide pain relief. The request for 120 CPMD-KETAMINE/KETOPROFEN/ETHOXY LI/PENTRAVAN was denied on November 1, 2013, citing the rationale that guideline criteria have not been met as there are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested compound prescription in the injured worker's clinical scenario. Per the report dated September 24, 2013, the treating physician noted that the injured worker complained of constant neck pain, rated 7/10, with radiation to the bilateral upper

extremities. Right shoulder pain was rated 3/10. Low back pain was rated 7-10/10 with radiation to the bilateral lower extremities. The injured worker was taking anti-inflammatory medication with stomach coating and tolerating some muscle relaxants. Objective findings included restricted range of motion of the cervical spine, spasms, and positive compression. Hoffman's test was positive on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 CMPD-Gabapentin/Cyclobenzaprine/Ethoxy Li/Pentran: Upheld

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

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

Decision rationale: The requested 120 CMPD-Gabapentin/Cyclobenzaprine/Ethoxy Li/Pentran is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, topical analgesics, page # 111 note that these agents are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker had neck and low back pain with radicular symptoms. The treating physician has documented positive compression, weakness, and a positive Hoffman's test on the left. The treating physician has not documented failed first-line therapy of antidepressants or anticonvulsants or documentation of the injured worker's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, 120 CMPD-Gabapentin/Cyclobenzaprine/Ethoxy Li/Pentran is not medically necessary.

120 CMPD-Flurbiprofen/Ethoxy Li/Pentran: Upheld

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

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

Decision rationale: The requested 120 CMPD-Flurbiprofen/Ethoxy Li/Pentran is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, topical analgesics, page # 111 note that these agents are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker had neck and low back pain with radicular symptoms. The treating physician has documented positive compression, weakness, and a positive Hoffman's test on the left. The treating physician has not documented failed first-line therapy of antidepressants or anticonvulsants or documentation of the injured worker's intolerance of these or similar medications to be taken on an oral basis. The

criteria noted above not having been met, 120 CPMD-Flurbiprofen/Ethoxy Li/Pentran is not medically necessary.

120 CPMD-Ketamine/Ketoprofen/Ethoxy Li/Pentran: Upheld

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

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

Decision rationale: The requested 120 CPMD-Ketamine/Ketoprofen/Ethoxy Li/Pentran is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, topical analgesics, page # 111 note that these agents are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker had neck and low back pain with radicular symptoms. The treating physician has documented positive compression, weakness, and a positive Hoffman's test on the left. The treating physician has not documented failed first-line therapy of antidepressants or anticonvulsants or documentation of the injured worker's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, 120 CPMD-Ketamine/Ketoprofen/Ethoxy Li/Pentran is not medically necessary.