

Case Number:	CM15-0111320		
Date Assigned:	06/17/2015	Date of Injury:	04/18/2006
Decision Date:	07/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female, who sustained an industrial injury on 4/18/2006. Diagnoses have included degenerative lumbar disc disease, thoracic or lumbosacral neuritis or radiculitis, lumbar sprain/strain and chronic pain syndrome. Treatment to date has included medication. According to the progress report dated 5/1/2015, the injured worker complained of low back pain. The pain was rated 7/10 and was made worse with activity. Exam of the lumbar spine revealed decreased painful range of motion and tenderness to palpation. It was noted that the injured worker was unable to tolerate oral gabapentin and Lyrica due to side effects. Authorization was requested for Relafen and Ketoprofen/Gabapentin/Camphor/ Menthol/ Capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ralefen 750mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The patient presents with lower back pain that is rated a 6/10. The current request is for Relafen 750mg #60. The treating physician states in the 4/3/15 (5c) report, "Current Medications: Relafen 500mg #60. Plan: Request auth for increase of Relafen 750mg, 1 tab BID #60." The MTUS guidelines state, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. " In this case, the treating physician has documented that the patient has previously been prescribed a lower dosage of Relafen and the current request is for an increase to 750mg. MTUS supports the usage of NSAIDs in the treatment of chronic pain and for future requests on page 60 MTUS requires documentation of analgesia and function for continued medication usage. The current request is medically necessary.

Ketoprofen/Gabapentin/Camphor/Menthol/Capsaicin cream: Upheld

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

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

Decision rationale: The patient presents with lower back pain that is rated a 6/10. The current request is for Ketoprofen/Gabapentin/Camphor/Menthol/Capsaicin cream. The treating physician has prescribed a topical compound that contains Gabapentin. MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not support gabapentin in topical products and states, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use. " The current request is not medically necessary.