

Case Number:	CM15-0119278		
Date Assigned:	06/29/2015	Date of Injury:	12/29/2006
Decision Date:	08/04/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/19/2015

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
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 12/29/2006. On provider visit dated 05/14/2015 the injured worker has reported pain in lumbosacral junction extending to both buttocks, left leg pain. On examination of the Phalen's sign was positive on the right with numbness in the long finger. Tenderness to palpation the lumbosacral junction was noted. The diagnoses have included post laminectomy syndrome - lumbar region and neurology, neuritis and radiculitis. Treatment to date has included medication, spinal cord stimulation, SI joint injection and bilateral wrist braces. The injured worker was noted to be unable to work. The provider requested Oxymorphone (Opana) and Ketamine, Gabapentin and Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone (Opana) 10 Gram #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain syndrome, post-laminectomy syndrome, and low back pain that radiates to the left leg. The patient has become opioid dependent and is not able to return to work. On examination, there is tenderness to palpation of the lumbosacral junction. This review addresses a request for Opana 10 gram #60. Opana contains oxymorphone, which is an opioid analogue indicated for pain management for 24 hours. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. Based on the documentation, the request is not medically necessary.

Ketamine 10 Percent, Ketoprofen 10 Percent, Gabapentin 10 Percent, Lidocaine 10 Percent with 2 Refills: 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): 110-111.

Decision rationale: This patient receives treatment for chronic pain syndrome, post-laminectomy syndrome, and low back pain that radiates to the left leg. The patient has become opioid dependent and is not able to return to work. On examination, there is tenderness to palpation of the lumbosacral junction. This review addresses a request for a compounded topical analgesic containing ketoprofen, gabapentin, and lidocaine. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition, if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Ketoprofen is an NSAID. NSAIDs are not medically indicated to treat chronic pain when used in its topical form. Gabapentin is an antiepileptic drug (AED). AEDs are not medically indicated to treat chronic pain when used in its topical form. Lidocaine may be medically indicated to treat some cases of peripheral neuropathy and post-herpetic neuralgia, which this patient does not have. This compounded topical analgesic cream is not medically necessary.