MAXIMUS Federal Services

Case Number:	CM15-0027581		
Date Assigned:	03/25/2015	Date of Injury:	10/25/2011
Decision Date:	05/13/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/12/2015

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 53-year-old female who reported an injury on 10/25/2011. The mechanism of injury involved a fall. The current diagnoses include cervical discopathy with disc herniation, upper extremity tendinopathy, abdominal pain, and low back strain. The latest physician progress report submitted for this review was documented on 02/14/2013. The injured worker presented with complaints of ongoing pain. It was noted that the injured worker had undergone bilateral foot surgery. The injured worker was also scheduled to undergo gastric sleeve surgery on 02/22/2013. Orthopedic treatment was placed on hold until after the gastric surgery. The injured worker was requesting a refill of the current medication regimen. Upon examination, there was ongoing pain and tenderness at the cervical spine, positive head compression test, diminished sensation in the C6 dermatome, positive Adson's test, thoracic spine tenderness, pain with range of motion, lumbar spine tenderness with limited range of motion, positive straight leg raises bilaterally, and a mildly diminished L4-5 sensory deficit. Recommendations included a refill of naproxen sodium 550 mg, omeprazole 20 mg, and hydrocodone 5/500 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cidaflex (DOS: 04/23/2012-06/11/2012): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: According to the California MTUS Guidelines, glucosamine and chondroitin sulfate are recommended as an option given the low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the injured worker has continuously utilized glucosamine/chondroitin since 2012. There was no documentation of osteoarthritis. There was also no mention of objective functional improvement despite the ongoing use this medication. The request as submitted failed to indicate a frequency and quantity. Given the above, the request is not medically necessary.

Retrospective: Medrox (DOS: 04/23/2012-06/11/2012): Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Capsaicin is recommended as an option in patients who have not responded to or are intolerant of other treatments. In this case, there was no documentation of a failure of first line oral medication prior to the initiation of a topical analgesic. The request as submitted failed to indicate a frequency, strength, or quantity. Given the above, the request is not medically appropriate at this time.

Retrospective: Genicin (DOS: 10/05/2012-02/23/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: According to the California MTUS Guidelines, glucosamine and chondroitin sulfate are recommended as an option given the low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the injured worker has continuously

utilized glucosamine/chondroitin since 2012. There was no documentation of osteoarthritis. There was also no mention of objective functional improvement despite the ongoing use this medication. The request as submitted failed to indicate a frequency and quantity. Given the above, the request is not medically necessary.

Retrospective: Keto/Lido (DOS: 02/14/2013-10/08/2013): Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Lidocaine is not recommended in the form of a cream, lotion, or gel. The request as submitted also failed to indicate a strength, frequency, or quantity. As such, the request is not medically appropriate.

Retrospective: Caps/Tram/Gaba/Cyclo/Menth/Camph (DOS: 02/14/2013-10/08/2013): Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended for topical use. Muscle relaxants are also not recommended. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant of other treatments. There was no documentation of a failure of first line oral medication. The request as submitted also failed to indicate a strength, frequency, or a quantity. As such, the request is not medically appropriate.

Retrospective: Gaba/Pyrid (DOS: 02/14/2013-10/08/2013): Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Gabapentin

is not recommended as a topical product. The request as submitted failed to indicate a strength, frequency, or quantity. As such, the request is not medically appropriate.

Retrospective: Flurb/Cyclo (DOS: 02/14/2013-10/08/2013): Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended for topical use. The request as submitted failed to indicate a strength, frequency, or quantity. Given the above, the request is not medically appropriate.

Retrospective: Tram/Gaba/Menth/Camph/Caps (DOS: 02/14/2013-10/08/2013): Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended for topical use. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant of other treatments. The request as submitted failed to indicate a strength, frequency, or quantity. As such, the request is not medically appropriate.

Retrospective: Ketoprofen (NAP) Cream-L (DOS: 02/14/2013-10/08/2013): Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Therefore, the request for a compounded cream containing ketoprofen would not be supported. As such, the request is not medically appropriate.

Retrospective: Caps (NAP) Cream (DOS: 02/14/2013-10/08/2013): Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant of other treatments. There was no documentation of a failure to respond to first line oral medication. The request as submitted failed to indicate a strength, frequency, or quantity. As such, the request is not medically appropriate.