

Case Number:	CM15-0069458		
Date Assigned:	04/17/2015	Date of Injury:	09/29/2014
Decision Date:	06/26/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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: Preventive Medicine, Occupational Medicine

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 31 year old male, who sustained an industrial/work injury on 9/29/14. He reported initial complaints of pain with laceration to the right thigh region. The injured worker was diagnosed as having right thigh 10 cm laceration, deep muscle and nerve laceration, residual infection, anxiety, and insomnia. Treatment to date has included medication, surgery, and diagnostics. MRI results of the right thigh were reported as negative. Electromyography and nerve conduction velocity test (EMG/NCV) of the lower extremities was negative. Currently, the injured worker complains of moderate to severe right thigh pain that radiates up into the groin and radiates down into his foot and right knee pain. Per the orthopedic re-evaluation on 2/3/15, the injured worker walks with foot turned in, has tender lymph nodes and hypersensitivity to the site. Moving on the exam table was difficult along with bending the knee. Current plan of care included conduction EMG and MRI of the right knee. The requested treatments include Unknown prescription of topical cream Tramadol, Unknown prescription of topical cream Ketoprofen, Unknown prescription of topical cream Gabapentin, and Tylenol No.4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of topical cream Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Opioids for Neuropathic Pain Section Page(s): 82, 83, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. Additionally, this request is for an unknown strength and amount of Tramadol cream. The request for unknown prescription of topical cream Tramadol is determined to not be medically necessary.

Unknown prescription of topical cream Ketoprofen: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. These guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. Additionally, this request is for an unknown strength and amount of Ketoprofen cream. The request for Unknown prescription of topical cream Ketoprofen is determined to not be medically necessary.

Unknown prescription of topical cream Gabapentin: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical Gabapentin as there is no peer-reviewed literature to support use. Additionally, this request is for an unknown strength and amount of Gabapentin cream. The request for unknown prescription of topical cream Gabapentin is determined to not be medically necessary.

Tylenol No.4 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker was previously treated with opioids without an increase in function or decrease in pain. Additionally, the injured worker self admits to obtaining opioids from a friend to treat his pain. Current documentation does not provide evidence of an opioid agreement, treatment goals, or urine drug screen. Therefore, the request for Tylenol No.4 #90 is determined to not be medically necessary.