

<b>Case Number:</b>	CM15-0099071		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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(n) 28 year old male, who sustained an industrial injury on 10/23/13. He reported using a skill handsaw and accidentally cutting his left thumb. The injured worker was diagnosed as having deep laceration of the thumb, laceration of tendon of thumb, open fracture of base of thumb and complex regional pain syndrome. Treatment to date has included a second left T2-T3 sympathetic nerve block on 1/30/15 with 90% reduction of allodynia left thumb and increased mobility and physical therapy. Current medications include Promethazine, Seroquel, OxyContin, Oxycodone (since at least 11/24/14) and Keto/Gaba/Keta. As of the PR2 dated 4/16/15, the injured worker reports left upper extremity pain overall is much less since the two nerve blocks. Objective findings include tenderness of the palmar aspect of the left hand, and tenderness of the MCP joint of the left thumb. The treating physician requested Keto/Gaba/Keta 360gm, a repeat sympathetic ganglion block at T2-T3, Promethazine 25mg #60, Seroquel 25mg #30, OxyContin 30mg #90 and Oxycodone 30mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keto-Gaba-Keta 360gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

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

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. The requested topical analgesic compound for this patient contains: Keto-Gaba-Keta 360gm. Gabapentin is not recommended as a topical agent per CA MTUS Guidelines, and there is no peer-reviewed literature to support its use. Ketoprofen is not currently FDA approved for a topical application, and has an extremely high incidence of photocontact dermatitis. Medical necessity for the requested topical compounded medication has not been established. The requested topical analgesic compound is not medically necessary.

**Repeat Sympathetic Ganglion block at T2-T3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter- Intravenous regional sympathetic blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve blocks.

**Decision rationale:** Sympathetic nerve blocks may relieve pain by several mechanisms. One possible mechanism is by interruption of afferent nociceptive fibers that accompany the autonomic nerves. Another possible mode of action is, the peripheral vasodilation, caused by the sympathetic block, may relieve ischemic pain. According to the ODG, regional nerve blocks are not recommended, except when other treatments are contraindicated. In this case, there is no evidence that other less invasive treatment measures have been tried and failed. Medical necessity for the requested nerve has not been established. The requested procedure is not medically necessary.

**Promethazine 25mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Promethazine.

**Decision rationale:** Promethazine (Phenergan) is an anti-emetic. However, it is not recommended for nausea and vomiting secondary to chronic opioid use. Studies of opiate adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. In this case, there is no documentation of (opiate related) nausea and vomiting, or an allergic condition. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Seroquel 25mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Food and Drug Administration) - Seroquel.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Seroquel, Atypical anti-psychotics.

**Decision rationale:** According to ODG, Seroquel (Quetiapine) is an atypical anti-psychotic medication. Anti-psychotic drugs are not recommended as first-line treatment to treat behavioral problems. There is insufficient evidence to recommend atypical anti-psychotics, such as, Seroquel, for conditions covered in ODG. There is insufficient evidence to recommend atypical anti-psychotics for the treatment of PTSD. There is no specific documentation indicating that this medication is indicated for the treatment of a chronic pain condition. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Oxycontin 30mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to ODG and MTUS, Oxycodone (Oxycontin) is a long-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. According to the ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In

this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opiate therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Oxycodone 30mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to ODG and MTUS, Oxycodone (Oxycontin) is a long-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. According to the ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opiate therapy. It is unclear why Oxycodone and Oxycontin (the same medication) are being requested. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.