

Case Number:	CM14-0200024		
Date Assigned:	12/10/2014	Date of Injury:	09/07/2012
Decision Date:	12/08/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/01/2014

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, Oregon,
Washington Certification(s)/Specialty: Orthopedic
Surgery

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 62 year old female, who sustained an industrial injury on 9-7-2012. Medical records indicate the worker is undergoing treatment for cervical herniated nucleus pulposus with right upper extremity radiculopathy, thoracic musculoligamentous sprain-strain, right shoulder musculoligamentous sprain-strain and right shoulder musculoligamentous sprain-strain, insomnia and status post anterior cervical discectomy and fusion. A recent progress report dated 9-22-2014, reported the injured worker complained of occasional neck pain rated 5 out of 10 with occasional radiation down the spine to the bilateral upper extremities. She also reports intermittent low back pain rated 5 out of 10 and frequent right shoulder pain rated 5 out of 10. Physical examination revealed cervical incision was clean and dry and motor testing revealed mild weakness in the wrist extensors. Treatment to date has included surgery, physical therapy, Tramadol, Soma, Flurbiprofen topical, Ketoprofen-Ketamine topical and Ultracet. The physician is requesting Flurbiprofen 20% 120gms, Ketoprofen 20% 120g-Ketamine 10% 120gms and Ultracet 37.5-325mg # 60. On 11-24-2014, the Utilization Review noncertified the request for Flurbiprofen 20% 120gms, Ketoprofen 20% 120g-Ketamine 10% 120gms and Ultracet 37.5-325mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% 120gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to CA MTUS guidelines regarding the use of topical NSAIDs "the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Ketoprofen 20% 120g/Ketamine 10% 120gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to CA MTUS guidelines regarding the use of topical NSAIDs "the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." According to CA MTUS guidelines the use of topical ketamine is "under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Ultracet 37.5/325mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, opioids specific drug list, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. The guidelines advise against prescription to patients that at risk for suicide or addiction. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. (Cepeda, 2006) Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. (Burch, 2007) Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case there is insufficient evidence in the records of 9/22/14 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary and it is non-certified.