

Case Number:	CM13-0017997		
Date Assigned:	03/24/2014	Date of Injury:	12/17/2011
Decision Date:	06/11/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/29/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53-year-old male patient sustained an industrial injury on 12/17/2011. The diagnosis was generalized pain. An evaluation dated July 3, 2013 noted that the patient reported complaints of low back pain that radiates to the bilateral lower extremities to the foot. Pain level was unchanged with an average pain level of 4/10 with medications and 7/10 without medications. He also complained of mid back pain. Activities of daily living were limited, especially with self-care/hygiene and ambulation. Objective findings on physical examination revealed moderate reduction with lumbar range of motion secondary to pain. There was spinal vertebral tenderness noted at L4-S1 levels. Lumbar myofascial tenderness was noted to palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUR/CYCLO/CAPS 10%, 2%, 0.0125% LIQUID 120 FOR DOS 7/24/2013: Upheld

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

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

Decision rationale: The California MTUS indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They

are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not record failure of trials of oral adjuvant analgesics, such as antidepressants or anticonvulsants. It is also noted this particular formulation contains agents that are not recommended under guidelines, specifically Cyclobenzaprine. Guidelines state that there is no evidence for use of any muscle relaxant as a topical product. The guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As Cyclobenzaprine is not recommended, the entire request is not medically necessary.

KETO/LIDO/CAP/TRAM 15%, 1%, 0.012%, 5% LIQUID 120 FOR DOS 7/24/2013:
Upheld

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

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

Decision rationale: The California MTUS indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not record failure of trials of oral adjuvant analgesics, such as antidepressants or anticonvulsants. It is also noted this particular formulation contains agents that are not recommended under guidelines, specifically Tramadol. There is no evidence to support the topical application of Tramadol as a safe and effective treatment. This formulation also contains lidocaine, which is only supported by guidelines in the form of Lidoderm patch, and only after failure of all first line agents for the treatment of neuropathic pain. The guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As Tramadol and lidocaine are not recommended, the entire request is not medically necessary.