

Case Number:	CM13-0023972		
Date Assigned:	12/11/2013	Date of Injury:	10/12/2010
Decision Date:	01/21/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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:

The patient is a 60-year-old female who reported an injury on 10/01/2010. The mechanism of injury was not provided. The patient was noted to have tarsal tunnel pain. The diagnoses were noted to include bilateral tarsal tunnel syndrome, right foot more than left, plantar fascia release bilaterally, and a painful gait. The request was made for ketoprofen/baclofen/cyclobenzaprine/gabapentin/lidocaine 30 QTY: 240 refills x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofe/Baclofen/Cyclobenz/Gabapentil/Lidoca 30QTY: 240; refills 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical Analgesics, Lidocaine, Ketoprofen, Baclofen, Gabapentin Page(s): 41,111.

Decision rationale: California MTUS indicates "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. There is no peer-reviewed literature to support the use of topical baclofen, do not

recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. Additionally, it failed to provide the necessity for 2 refills. Given the above, the request for ketoprofe/baclofen/cyclobenz/gabapenti/lidoca 30 QTY: 240; refills 2 is not medically necessary.