

Case Number:	CM13-0025999		
Date Assigned:	01/31/2014	Date of Injury:	05/19/2011
Decision Date:	10/23/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	09/19/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 40-year-old female who sustained a work related injury on 5/19/2011 as result of her usual work related activities. Since then she has complaint of neck pain that radiates into her upper extremities with associated numbness and tingling and lower back pain that radiates to her left lower extremity. Her pain is rated as 8/10 without medications, reduced to 5/10 with medication use. Objectively, she has spinal vertebral tenderness at C4-7 with cervical myofascial tenderness upon palpation. Additionally, she has a moderately reduced lumbar range of motion secondary to pain. She also exhibits spinal vertebral tenderness at L4-S1, lumbar myofascial tenderness upon palpation and a decreased sensation along the L4-5 dermatome. An MRI dated February 13, 2012 identifies multilevel disc protrusion from L2-S1. Her previous treatment has included medications, a L4-S1 epidural steroid injection, physical therapy and an exercise program. As part of her treatment regimen, she is utilize oral pain medication (Norco 10/325, Naprosyn 550mg, Cyclobenzaprine HCL 7.5mg, Tramadol ER 150mg and Ketoprofen 75mg), as well compounded topical medications. In dispute is a decision for Ketop/Lidoc/Cap/Tram 15% 1% 1.0125% 1% Liq #120 Days and for Flu/Cyclo/Caps/Lid 10% 2% 0.0125% 1% LIQ #120 Days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketop/Lidoc/Cap/Tram 15% 1% 1.0125% 1% Liq #120 Days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intervention and Treatment Page(s): 111-112.

Decision rationale: Topical analgesics (compounded): Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally 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 medications of differing varieties and strengths. A retrospective review of the provided records through the year 2013, including an Orthopedic QME Re-evaluation dated 01/03/2013. Because the patient does not have a documented failure of antidepressant treatment trial and MTUS guideline not recommending use topical creams because of lack of peer reviewed literature, the request for topical analgesic cream not medically necessary.

Flu/Cyclo/Caps/Lid 10% 2% 0.0125% 1% LIQ #120 Days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intervention and Treatments Page(s): 111-112.

Decision rationale: Topical analgesics (compounded): Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally 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 medications of differing varieties and strengths. A retrospective review of the provided records through the year 2013, including an Orthopedic QME Re-evaluation dated 01/03/2013. Because the patient does not have a documented failure of antidepressant treatment trial and MTUS guideline not recommending use topical creams because of lack of peer reviewed literature, the request for the topical analgesic cream not medically necessary.