

Case Number:	CM13-0027804		
Date Assigned:	03/03/2014	Date of Injury:	11/17/2009
Decision Date:	05/29/2014	UR Denial Date:	09/14/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is an employee of [REDACTED] and has filed a claim for lumbar discopathy associated with an industrial injury date of November 17, 2009. A utilization review from September 14, 2013 denied requests for Flur/Cyclo/Caps/Lid 10%/2%/0.0125%/1% Liq #120 And Ketop/Lidoc/Cap/Tram 15%/1%/0.0125% Liq #60 due to lack of support for muscle relaxants and lidocaine in topical and compounded medications. Treatment to date has included opioid and non-opioid pain medications, physical therapy, acupuncture, and epidural injections. Medical records from 2012 through 2013 were reviewed showing the patient complaining of low back pain that radiates to the bilateral lower extremities with numbness and tingling. The patient also complains of right shoulder and right elbow and wrist pain. Physical exam demonstrated tenderness over the lumbar spine region with pain on terminal motion. There was noted dyesthesias over the L5-S1 dermatomes. The right shoulder has tenderness around the anterior glenohumeral region and subacromial space with positive Hawkins impingement sign. The right elbow and wrist had tenderness. Phalen's test was positive and Tinel's test over the right cubital fossa was also positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUR/CYCLO/CAPS/LID 10%/2%/0.0125%/1% LIQ #120: 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: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The California MTUS state that topical NSAIDs are only improved in formulation is that only containing NSAIDs by themselves and only a few are FDA approved agents. The California MTUS also state that topical lidocaine that is not in dermal patch system formulation is not recommended. The California MTUS state that capsaicin is only recommended as an option for patients who have not responded or our intolerant to other treatments and is generally formulated at 0.025%. The California MTUS state that there is no evidence for use of any muscle relaxants as a topical product. In this case, the indication for the prescription of this compound medication was not found any documentation. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Flur/Cyclo/Caps/Lid 10%/2%/0.0125%/1% Liq #120 is not medically necessary.

KETOP/LIDOC/CAP/TRAM 15%/1%/0.0125% LIQ #60: 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: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The California MTUS state that topical NSAIDs are only improved in formulation is that only containing NSAIDs by themselves and only a few are FDA approved agents. The California MTUS also state that topical lidocaine that is not in dermal patch system formulation is not recommended. The California MTUS state that capsaicin is only recommended as an option for patients who have not responded or our intolerant to other treatments and is generally formulated at 0.025%. The California MTUS does not mention topical opioids. In this case, the indication for the prescription of this compound medication was not found any documentation. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Ketop/Lidoc/Cap/Tram 15%/1%/0.0125% Liq #60 is not medically necessary.