

Case Number:	CM13-0034595		
Date Assigned:	12/11/2013	Date of Injury:	01/16/2013
Decision Date:	06/19/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family 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:

The patient reported a date of injury on 1/16/ 2013. Diagnoses include lumbar discopathy with radiculitis and nerve entrapment of right upper extremity. Subjective complaints are of persistent low back pain and persistent pain in the right elbow extending to the wrist. Physical exam shows tenderness over lumbar spine, decreased range of motion, and positive seated nerve root test. Right upper extremity shows a positive Tinel's and Phalen's sign at the elbow. Medications include Naproxen, cyclobenzaprine, ondansetron, omeprazole, Tramadol, and Medrox ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOP/LID/CAP/TRAM 15%/1%/0.012/5% LIQ, SPRAY TO AFFECTED AREA 2-3 TIMES DAILY # 60: Upheld

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

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

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines ketoprofen, lidocaine, capsaicin and tramadol. Guidelines do not recommend topical

tramadol as no peer-reviewed literature support their use. Topical NSAIDs are recommended for short-term use, and ketoprofen specifically does not have FDA approval for this indication. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of lidocaine are indicated. Therefore, the request for Ketop/Lid/Cap/Tram 15%/1%/0.012/5% Liq, Spray to affected area 2-3 times daily # 60 is not medically necessary and appropriate.

FLUR/CYCLO/CAPS/LID 10%/2%/0125%1% LIQ, SPRAY TO AFFECTED AREA 2-3 TIMES DAILY #120: Upheld

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

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

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines flurbiprofen, cyclobenzaprine, capsaicin, and lidocaine. Guidelines do not recommend cyclobenzaprine as no peer-reviewed literature support their use. Furthermore, muscle relaxers in general show no benefit beyond NSAIDS in pain reduction of which the patient was already taking. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of lidocaine are indicated. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Furthermore, the medical record does not indicate the location for this medication to be used. Therefore, the request for Flur/Cyclo/Caps/Lid 10%/2%/0125%1% Liq, Spray to affected area 2-3 times daily #120 is not medically necessary and appropriate.