

Case Number:	CM13-0035063		
Date Assigned:	12/13/2013	Date of Injury:	10/12/2010
Decision Date:	02/07/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine and Rehabilitation, 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 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:

This is a female patient with a date of injury of October 21, 2010. A utilization review determination dated October 1, 2013 recommends non-certification of Ketop/Lidoc/Cap/Tram 15%/1%/0.125% 240mL x 3 refills (date of service 9/23/13) and Flur/Cyclo/Caps/Lid 10%/2%/0.0125%/1% 120mL x 3 refills (date of service 09/23/13). A progress report dated 9/24/13 identifies subjective complaints including pain in the neck that radiates to the upper extremities with numbness and tingling, low back pain, improved left shoulder pain, and "the symptomatology in the patient's left shoulder and right upper extremities has not changed significantly." Objective examination findings identify tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasm, axial loading compression test and Spurling's maneuver are positive, dysesthesia at the C5 and C6 dermatomes, tenderness at the left shoulder anteriorly, positive impingement and Hawkins' sign, pain with terminal motion, tenderness at the right elbow and wrist scar, pain with terminal flexion, lumbar paravertebral tenderness, pain with terminal motion, and positive seated root test. Diagnoses include cervical/lumbar discopathy; s/p left shoulder arthroscopy with subacromial arch decompression/Mumford resection and rotator cuff repair; s/p bilateral carpal/cubital tunnel releases; and double crush syndrome. Treatment plan recommends intramuscular injection for symptomatic relief and return to clinic in four weeks.

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%/0.125% 240mL x 3 refills (date of service 9/23/13):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for Ketop/Lidoc/Cap/Tram, California MTUS supports the short-term use of topical NSAIDs (Non-steroidal antiinflammatory agents) in the management of osteoarthritis and tendinitis of joints amenable to treatment, but not for the spine, hip, or shoulder, or for neuropathic pain. Within the documentation available for review, there is no documentation of osteoarthritis and/or tendinitis of joints amenable to treatment. Additionally, topical ketoprofen is not currently FDA-approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, such as tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (anti-epileptic drug) such as gabapentin or Lyrica. Furthermore, it is supported only as a dermal patch. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Within the documentation available for review, none of the abovementioned criteria have been documented and there is no rationale regarding the medical necessity of the topical formulations of these medications rather than the FDA-approved oral formulations. In light of the above issues, the currently requested Ketop/Lidoc/Cap/Tram is not medically necessary.

Flur/Cyclo/Caps/Lid 10%/2%/0.0125%/1% 120mL x 3 refills (date of service 09/23/13):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for Flur/Cyclo/Caps/Lid, California MTUS supports the short-term use of topical NSAIDs in the management of osteoarthritis and tendinitis of joints amenable to treatment, but not for the spine, hip, or shoulder, or for neuropathic pain. Within the documentation available for review, there is no documentation of osteoarthritis and/or tendinitis of joints amenable to treatment. Muscle relaxants such as cyclobenzaprine are not supported for topical use by the California MTUS. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Furthermore, it is supported only as a dermal patch. Within the documentation available for review, none of the abovementioned criteria have been documented and there is no rationale

regarding the medical necessity of the topical formulations of these medications rather than the FDA-approved oral formulations. In light of the above issues, the currently requested Flur/Cyclo/Caps/Lid is not medically necessary.