

Case Number:	CM13-0039457		
Date Assigned:	12/18/2013	Date of Injury:	10/29/2010
Decision Date:	02/26/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/28/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and 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 56-year-old female who reported a work-related injury on 10/29/2010, specific mechanism of injury not stated. Currently, the patient presents for treatment of the following diagnoses: left 4th, 5th, and S1 radiculopathy, lumbar discopathy, and rule out internal derangement of the right hip. Clinical note dated 05/16/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports significant increase in pain of the low back that radiates to the bilateral lower extremities, right greater than left. The patient reports associated weakness and numbness. Physical examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments, pain with terminal motion, seated nerve root test was positive, and there was dysesthesia at the L5-S1 dermatome. The provider documents a review of electrodiagnostic studies of the bilateral lower extremities dated 02/15/2013 that revealed electrodiagnostic evidence consistent with abnormalities involving the left 4th and 5th lumbar nerve roots; left 1st sacral nerve root, and to a lesser extent the right sacral nerve root, all likely chronic in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Ketop/Lidoc/Cap/Tram 15/1/0.012/5% #120 (with 3 refills): 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.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the duration of use of these topical analgesics for the patient's pain complaints, as well as efficacy of treatment. California MTUS indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Guidelines do not support topical use of ketoprofen, tramadol, or lidocaine. Given all the above, the request for 1 prescription of Ketop/Lidoc/Cap/Tram 15/1/0.012/5% #120 (with 3 refills) is not medically necessary or appropriate.

Prospective request for 1 prescription for Flur/Cyclo/Caps/Lid 10/2/0.0125/1% #120 (with 3 refills): 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.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the duration of use of these topical analgesics for the patient's pain complaints, as well as efficacy of treatment. California MTUS indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. In addition, guidelines do not support the topical use of cyclobenzaprine. Given all the above, the request for 1 prescription for Flur/Cyclo/Caps/Lid 10/2/0.0125/1% #120 (with 3 refills) is not medically necessary or appropriate.