

Case Number:	CM13-0039834		
Date Assigned:	03/21/2014	Date of Injury:	09/21/2012
Decision Date:	05/23/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/09/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 38-year-old male with a 9/21/12 date of injury. At the time of the decision for Ketop/Lidoc/Cap/Tram, refill x 3, quantity 120, days 30 and Flur/Cyclo/Caps/Lid, refill x 3, qty. 120, days 30, there is documentation of subjective findings of low back pain that radiates to the bilateral lower extremities and objective findings of spasm in the bilateral paraspinal muscles, spinal vertebral tenderness, and restricted Final Determination Letter for IMR Case Number CM13-0039834 3 range of motion in the lumbar spine. The current diagnoses is lumbar radiculopathy and the treatment to date is medications including Ketop/Lidoc/Cap/Tram and Flur/Cyclo/Caps/Lid).

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOP/LIDOC/CAP/TRAM, REFILL X 3, QUANTITY 120, DAYS 30: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control;

that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar radiculopathy. In addition, Ketop/Lidoc/Cap/Tram contains at least one drug (Ketoprofen, Lidocaine, and Capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Ketop/Lidoc/Cap/Tram, refill x 3, quantity 120, days 30 is not medically necessary.

FLUR/CYCLO/CAPS/LID, REFILL x 3, QTY. 120, DAYS 30: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a Final Determination Letter for IMR Case Number CM13-0039834 4 reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar radiculopathy. In addition, Flur/Cyclo/Caps/Lid contains at least one drug (Ketoprofen, Lidocaine, and Capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flur/Cyclo/Caps/Lid, refill x 3, qty. 120, days 30 is not medically necessary.