

Case Number:	CM13-0046119		
Date Assigned:	12/27/2013	Date of Injury:	07/08/2009
Decision Date:	03/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 62-year-old female with date of injury of July 08, 2009. The treating physician's report dated August 15, 2013, states that the patient has diagnoses of: 1) Status post C4-C7 anterior cervical discectomy and fusion; and 2) Rule out internal derangement of the right knee. The current request can be found on September 04, 2013 request for authorization. This is for Keto/lido/capsaicin/tramadol, quantity #60. There is also request for Flur/cyclo/caps/lido, quantity #120. Both of these topical analgesics were reviewed by utilization review, October 30, 2013, and the recommendation was for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flur/Cyclo/Caps/Lido liquid spray, #120, 30-day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

Decision rationale: The California MTUS Guidelines have specific recommendations regarding use of topical compounded products for chronic pain. Guidelines state that, "Any compounded

product that contains at least one drug or drug class that is not recommended is not recommended." In this request, cyclobenzaprine is a muscle relaxant, which is not recommended as a topical product. Furthermore, lidocaine is not recommended in any other commercially approved topical formulations other than in dermal patch formulation. Therefore, the request is not certified.

Keto/Lido/Capsaicin/Tramadol liquid spray, #60: 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 California MTUS Guidelines have specific recommendations regarding use of topical compounded products for chronic pain. Guidelines state that, "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." In this request, Tramadol is an opiate that has no support for use as a topical product. Furthermore, lidocaine is not recommended in any other commercially approved topical formulations other than in dermal patch formulation. Therefore, the request is not certified.