

Case Number:	CM13-0047933		
Date Assigned:	12/27/2013	Date of Injury:	05/06/2003
Decision Date:	03/06/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

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 65-year-old male who sustained injury to his lower back on 05/06/2003. A note dated 05/07/2013 by the provicer indicates that on the date of injury, the patient was lifting a heavy instrument from the floor that weighed approximately 185 pounds when he felt a twinge in his lower back. The patient was initially seen by chiropractor, [REDACTED] and was treated with physical therapy and was then released to work with restrictions. In August 2005, the patient was found to be permanent and stationary and was awarded 24% permanent disability. In 2007, the patient had lumbar MRI (magnetic resonance imaging) that showed disc protrusion and moderate central spinal stenosis at L3-4 and L4-5 and multilevel degenerative disc disease with neural foraminal narrowing. He was working sedentary duty and was treated with medications and physical therapy. His medication included Ibuprofen 600 mg, HTCZ 12.5 mg, Lorsaten 50 mg, Levothyroxin 0.15 mg, Metoprolol 50 mg, Ranitidine 150 mg, Glipizide 5 mg and Calcium 40 mg. On exam dated 06/18/2013, there was lumbar tenderness from mid to distal lumbar segments, SLR (straight leg raise) was positive and dysesthesia at the right L5 and S1 dermatomes. The lumbar radiographs revealed spondylosis. Lumbar MRI dated 07/11/2013 showed, "Levoscoliosis. Multiple appearance to the lumbar vertebrae. This is likely nonspecific but could indicate osteopenia and/or marrow infiltrative disorder. A 2 mm pseudo- and/or true retrolisthesis at L1-2. Multilevel disc changes." On exam dated 07/16/2013, there was some residual pain and tenderness in the lumbar spine. There was no radiculopathy in the lower extremities. There was no neurologic deficit. The diagnosis was lumbar discopathy/radiculopathy. The current review is for medical necessity of Ketop/Lidoc/CAP/TRAM on 09/10/2013 and Flur/Cyclo/CAPS/LIDO on 09/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ketop/Lidoc/CAP/TRAM for DOS 9/10/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition (2005), Chapter 16: NSAIDs and COX -2 Selective Inhibitors, pgs. 141-158; Chapter 17: Muscle Relaxants, pgs. 159-165.

Decision rationale: As per the MTUS chronic pain guidelines, ketoprofen is not currently Food and Drug Administration (FDA) approved for topical use and therefore, the compound would not be recommended. The guidelines also indicate that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request for ketop/Lidoc/cap/tram is not medically necessary or appropriate.