

Case Number:	CM13-0050019		
Date Assigned:	03/26/2014	Date of Injury:	01/03/1997
Decision Date:	06/30/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation and Pain Management and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 46 year old male with an injury reported on 01/03/1997. The mechanism of injury was not provided within the clinical notes. The clinical note dated 11/19/2013, reported that the injured worker complained of low back pain radiating to the left foot with numbness and tingling. The physical examination revealed tenderness to the L2-L5 region upon palpation, and the injured worker's lumbosacral region was noted to have decreased range of motion. The injured worker's diagnoses included lumbosacral disc, hyperlipidemia, hypertension, diabetes, exacerbation of left hip. The request for authorization was submitted on 11/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE KETOPROFEN POWDER 10%/CYCLOBENZAPRINE 3%/LIDOCAINE (DATE OF SERVICE 9/20/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN), TOPICAL ANALGESICS Page(.

Decision rationale: The request for retrospective Ketoprofen powder 10% Cyclobenzaprine 3% Lidocaine is not medically necessary. The injured worker complained of low back pain radiating to the his left foot with numbness and tingling. It was noted the injured worker had tenderness to the L2-L5 regions upon palpation, and his lumbosacral region has decreased range of motion. The California MTUS guidelines note topical NSAIDs are recommended for injured workers with osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and they are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines note topical Lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines note there is a lack of evidence to support the use of topical muscle relaxants. It did not appear the injured worker had any diagnoses for which a topical NSAID would be recommended. Cyclobenzaprine is not recommended as a topical medication per the guidelines. Lidocaine is not recommended for topical application in the form of creams, lotions, or gels. As the medication contains components which are not recommended, the medication would not be indicated. Therefore, the request is not medically necessary.

RETROSPECTIVE FLURBIPROFEN 10%/CAPSAICIN POWDER .025% (DATE OF SERVICE 9/20/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS
Page(s): 111-112.

Decision rationale: The request for retrospective Flurbiprofen 10% Capsaicin Powder 0.025% is not medically necessary. The injured worker complained of low back pain radiating to the his left foot with numbness and tingling. It was noted the injured worker had tenderness to the L2-L5 region upon palpation, and his lumbosacral region has decreased range of motion. The California MTUS guidelines note topical NSAIDs are recommended for injured workers with osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and they are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines note Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. It did not appear the injured worker had any diagnoses for which a topical NSAIDs or Capsaicin would be recommended. It did not appear the injured workers medication regimen was not tolerated or the worker was not responding to his medications. Therefore the request is not medically necessary.