

Case Number:	CM13-0054359		
Date Assigned:	12/30/2013	Date of Injury:	11/20/2012
Decision Date:	06/27/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/01/2013

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 is licensed to practice in 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 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 55-year-old male who reported an injury on November 20, 2012 due to a fall. The injured worker complained of constant lower back pain that worsened with prolonged sitting. The injured worker also stated that the pain radiated to his left foot that was accompanied by tingling and numbness. The injured worker rates his pain 8 at worst and 6 at best on a scale of 1-10, ten being most severe. The injured worker had prior treatment to include x-rays, MRI's, pain relief injection, chiropractic therapy and medications. Medications include Naproxen 500 mg 1 tablet twice a day, Prilosec 20 mg 1 tablet once a day, Tramadol cream 20% and Lidocaine cream 5% and Toprophan 1 tablet once before bed. On physical examination, there was tenderness to palpation about the lumbar paravertebral muscles. There was spasms in the lower quadratus lumborum muscles and the injured worker's range of motion was limited with pain. The injured worker has diagnoses of lumbar spine sprain/strain, degenerative disc disease, facet arthropathy, L5 nerve root compression with left leg radiculopathy and sleep disturbance. Treatment plan is for CYCLO-KETO-LIDO Cream 240G with 1 refill. The request for authorization was dated 09/23/2013. The request was made by the injured worker's provider, [REDACTED]. The rationale for this request was not provided in available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLO-KETO-LIDO CREAM 240G WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 111

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker complained of constant lower back pain that worsened with prolonged sitting. The injured worker also stated that the pain radiated to his left foot that was accompanied by tingling and numbness. The injured rates his pain 8 at worst and 6 at best on a scale of 1-10, ten being most severe. California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. CYCLO-KETO-LIDO Cream contains Ketoprofen, Cyclobenzaprine and Lidocaine. Lidocaine is not recommended per the guidelines. Guidelines state that Ketoprofen is not currently FDA approved for a topical application. In addition, guidelines state that there is no evidence for use of any other muscle relaxant as a topical product. There is also no rationale why the injured worker would require a topical cream versus oral medications. The dose, quantity and frequency for the proposed medication were also not provided. The request for Cyclo-Keto-Lido Cream 240G with one refill is not medically necessary or appropriate.