

<b>Case Number:</b>	CM13-0055409		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	09/22/2009
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 45-year-old female who reported an injury on 09/22/2009. The mechanism of injury was not provide for clinical review. The diagnoses included musculoligamentous strain of the lumbar spine, left leg radiculitis, and left side disc protrusion at L3-4 with compression of the L3 nerve root. Previous treatments included trigger point injections, Electromyography (EMG)/Nerve Conduction Velocity (NCV), Epidural Steroid Injection, medication, and an MRI. Within the clinical note dated 02/27/2014, it reported the injured worker complained of lower back pain which she reported was constant and dull with intermittent radicular symptoms which would radiate down her left lower extremity. She rated her pain 8/10 to 9/10 in severity. Upon the physical examination, the provider noted paraspinal muscle tenderness from L3 to the sacrum and positive spasms. The provider indicated the range of motion of the lumbar spine was flexion at 30 degrees and extension at 15 degrees. The injured worker had a positive supine straight leg raise. He indicated sensory of the left thigh and anterolateral aspect of the calf was decreased. The provider requested for Ketoprofen/Glucosamine Powder and Cyclobenzaprine/Tramadol power/PCCA Lipoderm base. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN/GLUCOSAMINE POWDER/PCCA LIPODERM BASE  
COMPOUND(DATE OF SERVICE 12/13/2011): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, page(s) 111-113 Page(s): 111-113.

**Decision rationale:** The injured worker complained of lower back pain which she described as constant and dull with intermittent radicular symptoms which radiated down the lower left extremity. She rated her pain 8/10 to 9/10 in severity. The California MTUS note topical Non-Steroidal Anti-Inflammatory Drugs (NSAID) are recommended for the use of osteoarthritis and tendonitis, in particular that of the knee and elbow and other joints that amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines note ketoprofen is not currently FDA approved for topical application. Glucosamine is recommended for moderate arthritis, especially for knee osteoarthritis. There is a lack of documentation indicating the injured worker is treated for or diagnosed with osteoarthritis or tendonitis. The request submitted failed to provide the frequency and quantity of the medication. In addition, the request does not specify a treatment site. Additionally, injured worker had been utilizing the medication for an extend period of time, since at least 12/2011 which exceeds the Guidelines recommendation of short term use of 4 to 12 weeks. Therefore, the request for Ketoprofen/Glucosamine Powder/PCCA Lipoderm base compound (date of service 12/13/2011) is not medically necessary and appropriate.

**CYCLOBENZAPRINE /TRAMADOL POWDER/PCCA LIPODERM BASE COMPOUNDS(DATE OF SERVICE 12/13/2011): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 41, 111-112 Page(s): 41, 111-112.

**Decision rationale:** The injured worker complained of lower back pain which she reported was constant and dull with intermittent radicular symptoms. She rated the pain 8/10 in severity. California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The Guidelines note any compounded product that contains 1 drug or drug class that is not recommended is not recommended. The Guidelines note Cyclobenzaprine is recommended as an option for a short course of therapy. The addition of Cyclobenzaprine to other agents is not recommended. The Guidelines note tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker had been utilizing the medication since at least 12/13/2011 which exceeds the Guidelines recommendation of short

term use. The request submitted failed to provide the frequency and quantity of the medication. In addition, the request does not specify a treatment site. Therefore, the request for Cyclobenzaprine/Tramadol Powder/PCCA Lipoderm base compounds (date of service 12/13/2011) is not medically necessary and appropriate.