

Case Number:	CM13-0058889		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2010
Decision Date:	05/08/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/27/2013

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, 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 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 patient is a 52-year-old female with date of injury of 04/20/2010. The listed diagnoses per [REDACTED] are: Lumbar discopathy; Electrodiagnostic evidence of chronic right S1 radiculopathy; Status post right knee arthroscopy; and Rule out internal derangement, right hip. According to the report dated 09/04/2013 by [REDACTED], the patient is being seen due to increasing pain. She states she was at a local emergency room secondary to emesis and bloating with constipation. She does admit to taking Vicodin and Norco. She has continuous symptomatology in the lumbar spine, right knee, and right hip. Examination of the lumbar spine revealed tenderness to the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test is positive. Examination of the right hip revealed tenderness at right hip anteriorly, and pain with hip rotation. Examination of the right knee revealed tenderness at the right knee joint line. There is positive patellar compression test. There is also pain with terminal flexion with crepitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND FLUR/CYCLO/CAPS/LID, #120, WITH TWO (2) REFILLS: Upheld

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

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

Decision rationale: The MTUS Guidelines regarding topical analgesic states, "It is largely experimental in the use of with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. In addition, cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. The request for compound Flur/Cyclo/Caps/Lid, #120, with two (2) refills is not medically necessary and appropriate.

COMPOUND LIQUID KETOP/LIDOC/CAP/TRAM, #60, WITH TWO (2) REFILLS:
Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines regarding Topical Analgesics states, "It is largely experimental in the use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." The MTUS Guidelines supports the use of topical NSAIDs for peripheral joint arthritis or tendonitis; however, non-FDA approved agents like Ketoprofen is not recommended for any topical use. MTUS further states this agent is not currently FDA approved for a topical application. "It has an extremely high incidence of photo contact dermatitis." In addition, Tramadol is not tested for transdermal use with any efficacy. The request for compound liquid Ketop/Lidoc/Cap/Tram, #60, with two (2) refills is not medically necessary and appropriate.