

Case Number:	CM13-0061165		
Date Assigned:	12/30/2013	Date of Injury:	05/25/2006
Decision Date:	04/10/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/04/2013

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 patient is a 52-year-old male who reported injury on 05/25/2006. The mechanism of injury was not provided. The patient's medication history was noted to include Prilosec, tramadol, Zanaflex, naproxen, gabapentin, capsaicin, and Dendracin creams and topical Medrox as of 2012. The patient's diagnoses were noted to include bilateral lumbar radiculopathy with degenerative disc disease and foraminal narrowing on MRI. As of the date 10/11/2013 the patient's medications were noted to include Norco, tramadol, Flexeril, naproxen, and Prilosec. It was indicated that Norco, tramadol, and naproxen relieved the patient's pain and normalized his function and the Flexeril relieved muscle spasms. The treatment was noted to include a refill of the patient's medications, discontinuing gabapentin and Terocin, and trialing Ketoprofen cream. Other medications that were refilled on that date work Norco 10/325, tramadol ER, Flexeril 7.5 mg, and naproxen 550 mg twice a day, Prilosec, and the patient was trialed on Ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Cyclobenzaprine 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: California MTUS Guidelines recommend muscle relaxants prescribed as a second-line option for short-term treatment of acute low back pain. The duration that is supported is less than 3 weeks. There should be documentation of objective functional improvement. Clinical documentation submitted for review indicated that Flexeril relieved the patient's spasms. However, the patient was noted to be on the medication since 2012. There was lack of documentation of objective functional improvement and necessity for long term usage of the medication. Given the above, the request for 1 prescription of cyclobenzaprine 7.5 mg #30 is not medically necessary.

Unknown Prescription of Ketoprofen cream:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics - Non-Steroidal Anti-Inflammatory Drugs (NSAID).

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

Decision rationale: California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application. Clinical documentation submitted for review failed to indicate the patient had trialed and failed antidepressants and anticonvulsants. Additionally, neither FDA nor California MTUS Guidelines support the use of Ketoprofen as a topical. The patient was taking naproxen, another NSAID, and there was a lack of documentation indicating a necessity for 2 NSAIDs. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for unknown prescription of Ketoprofen cream is not medically necessary.