

Case Number:	CM13-0062418		
Date Assigned:	06/09/2014	Date of Injury:	02/03/2010
Decision Date:	07/28/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 Physician 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:

According to the records made available for review, this is a 62-year-old male with a 2/3/10 date of injury, and status post L4-5 lumbar fusion and revision fusion 9/20/13. At the time (11/13/13) of request for authorization for Flur/Cyclo/Caps/Lid 10%2%0.0125%1% liq #120 DOS 10/30/2013 and Ketop/Lidoc/Cap/Tram 15%1%0.012%5% liq. 120 DOS 10/30/2013, there is documentation of subjective (low back pain that radiates to bilateral lower extremities, pain rated 6-9/10) and objective (antalgic and slow gait, spinal vertebral tenderness in the lumbar spine at the L4-S1 level, lumbar paraspinous muscle spasm) findings, current diagnoses (lumbar radiculopathy, lumbar spinal stenosis, status post lumbar fusion, and chronic pain), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flur/Cyclo/Caps/Lid 10%2%0.0125%1% Liq. #120 DOS: 10/30/2013: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar spinal stenosis, status post lumbar fusion, and chronic pain. However, Flur/Cyclo/Caps/Lid 10%2%0.0125%1% liq #120 DOS: 10/30/2013 contains at least one drug (cyclobenzaprine, and lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flur/Cyclo/Caps/Lid 10%2%0.0125%1% liq #120 DOS 10/30/2013 is not medically necessary.

Ketop/Lidoc/Cap/Tram 15%1%0.012%5% Liq. 120, DOS: 10/30/2013: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar spinal stenosis, status post lumbar fusion, and chronic pain. However, Ketop/Lidoc/Cap/Tram 15%1%0.012%5% liq. 120 DOS: 10/30/2013 contains at least one drug (ketoprofen and lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Ketop/Lidoc/Cap/Tram 15%1%0.012%5% liq. 120 DOS: 10/30/2013 is not medically necessary.