MAXIMUS Federal Services

Case Number:	CM13-0064132		
Date Assigned:	01/03/2014	Date of Injury:	01/10/2012
Decision Date:	04/28/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 59-year-old gentleman injured 01/10/12 sustaining an injury with a clinical visit of 12/10/13 describing chief complaints of pain to the lumbar spine, cervical spine, right shoulder, and left knee. Physical examination demonstrated tenderness to palpation with restricted cervical range of motion, positive Spurling maneuvers, and dysesthesias to the C5-6 dermatomal distribution. The right shoulder was noted to be "unchanged" with tenderness anteriorly and moderate limited range of motion. Lumbar examination was with dysesthesias in an L5-S1 dermatomal distribution with terminal motion pain and paravertebral tenderness, and left knee examination was with pain with terminal flexion and positive patellar compression. The claimant's working diagnosis was that of lumbar discopathy, cervical discopathy, right shoulder impingement, and left knee pain. Treatment at that time was for continuation for pharmacological agents in the form of topical compounds. Further recent treatment was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 FLURBIPROFEN-CYCLOBENZAPRINE-CAPSAICIN-LIDODERM 10%-2%-0.015% LIQUID SPRAY WITH TWO REFILLS: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued use of topical compound that contains Flurbiprofen, cyclobenzaprine, capsaicin, and Lidoderm would not be indicated. Flurbiprofen is not an FDA utilized medication from an anti-inflammatory standpoint in the topical setting. The guideline criteria also would not recommend the role of cyclobenzaprine. Capsaicin and Lidoderm are only recommended as second-line agents typically for neurologic pain. The lack of the above documentation as well as agents in the above-mentioned topical compound, which are not supported by guideline criteria, would not support the agent as a whole.

60 KETOPROFEN-LIDOCAINE-CAPSAICIN-TRAMADOL 15%-1%-0.0125% LIQUID SPRAY WITH TWO REFILLS: Upheld

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

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

Decision rationale: Also based on MTUS guidelines, the role of a topical compound containing ketoprofen, lidocaine, capsaicin, and tramadol would not be indicated. MTUS guidelines do not specifically support the role of lidocaine or capsaicin except in second line settings for neuropathic pain. The records in this case would not indicate the need for tramadol or ketoprofen, both of which are not approved from guideline criteria or FDA administration in the topical setting. The specific request in this claimant's clinical course of care would not be supported.