

Case Number:	CM13-0068958		
Date Assigned:	01/03/2014	Date of Injury:	10/28/2009
Decision Date:	05/23/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/20/2013

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 and Oklahoma. 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 61-year-old male who reported an injury on 10/28/2009. The mechanism of injury was not stated. Current diagnosis is generalized pain. A request for authorization was submitted on 05/28/2013 for a compounded cream including Flurbiprofen, Cyclobenzaprine, Capsaicin, and Lidocaine. However, there was no Physician Progress Report submitted on the requesting date. The latest Physician Progress Report submitted for this review is documented on 12/04/2012. The injured worker reported persistent neck pain with increasing lower back pain. Physical examination revealed tenderness to palpation of the cervical and lumbar spine, painful range of motion of the cervical spine, positive straight leg raising and dysesthesia in the L5 and S1 dermatome. Treatment recommendations at that time included continuation of current medication. It is also noted on 09/20/2012, the injured worker was issued an additional prescription for a Cyclobenzaprine/Capsaicin/Lidocaine/Flurbiprofen cream as well as a Ketoprofen/Lidocaine/Tramadol/Capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 5%, LIDOCAINE 1%, CAPSAICIN 0.0125, TRAMADOL WITH ONE REFILL #60, APPLY 2-3 TIMES DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical (NSAID) non-steroidal anti-inflammatory drugs is Diclofenac. There is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the request is not medically necessary and appropriate.