

Case Number:	CM13-0071341		
Date Assigned:	01/08/2014	Date of Injury:	08/03/2011
Decision Date:	05/30/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/27/2013

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 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:

According to the records made available for review, this is a 38-year-old male with a 8/3/11 date of injury. At the time of the Decision for Cyclobenzaprine 7.5 mg tablet # 30, Lidopro topical ointment 4 oz # 1, and Ketoprofen 75 mg capsule # 90, there is documentation of subjective (low back pain that is reradiating with numbness and tingling down the right lower extremity to the foot) and objective (tenderness to palpation over the lumbar spine, decreased lumbar spine range of motion, diminished sensation over the L3-S1 dermatomes, 4/5 strength over the left EHL, and diminished patellar and Achilles reflexes) findings, current diagnoses (lumbar stenosis, lumbar disc herniation with foraminal stenosis, lumbar radiculopathy, and left hip degenerative joint disease and SI joint dysfunction), and treatment to date (medications (including Flexeril (helps to decrease pain), Terocin Patches, and Ketoprofen (helps decrease pain and increase function) since at least 7/2/13)). Regarding Cyclobenzaprine 7.5 mg tablet # 30, there is no documentation of acute muscle spasm; the intention to treat over a short course (less than two weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG TABLET # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar stenosis, lumbar disc herniation with foraminal stenosis, lumbar radiculopathy, and left hip degenerative joint disease and SI joint dysfunction. In addition, there is documentation of ongoing treatment with Cyclobenzaprine since at least 7/2/13 that helps to decrease pain. However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Cyclobenzaprine since at least 7/2/13, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, despite documentation that Cyclobenzaprine helps to decrease pain, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5 mg tablet # 30 is not medically necessary.

LIDOPRO TOPICAL OINTMENT 4 OZ # 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105,112-113. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 105, 112-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.drugs.com/sfx/lidopro-side-effects.html>.

Decision rationale: An online search identifies that LidoPro contains capsaicin / lidocaine / menthol / methyl salicylate topical. 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 stenosis, lumbar disc herniation with foraminal stenosis, lumbar radiculopathy, and left hip degenerative joint disease and SI joint dysfunction. However, Lidopro contains at least one drug (lidocaine) that is

not recommended. Therefore, based on guidelines and a review of the evidence, the request for Lidopro topical ointment 4 oz # 1 is not medically necessary.

KETOPROFEN 75 MG CAPSULE # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NASIDs (Non Steriodal Anti-Inflammatory Drugs), Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar stenosis, lumbar disc herniation with foraminal stenosis, lumbar radiculopathy, and left hip degenerative joint disease and SI joint dysfunction. In addition, there is documentation of ongoing treatment with Ketoprofen that helps decrease pain and increase function. In addition, there is documentation of subjective findings (low back pain that is reradiating with numbness and tingling down the right lower extremity to the foot). Therefore, based on guidelines and a review of the evidence, the request Ketoprofen 75 mg capsule # 90 is medically necessary.