MAXIMUS Federal Services

Case Number:	CM13-0071710		
Date Assigned:	01/08/2014	Date of Injury:	04/02/2013
Decision Date:	04/25/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/28/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The patient is a 51-year-old female who reported a work related injury on 04/02/2013. The patient's injuries included her right knee, lower back, and cervical spine. Per recent clinical note, the patient continued to have lumbar spine pain and would be referred to pain management as she continued to have pain despite 18 plus sessions of physical therapy and 12 acupuncture treatments. The patient is status post lumbar fusion in 1992. She also continued to have bilateral knee pain. Her diagnoses included right knee prepatellar bursitis, cervical spine, and bilateral upper extremity radiculitis, and left knee compensatory pain. The patient underwent 18 plus physical therapy sessions and 12 acupuncture treatments with only a mild relief of pain. She had positive MRI findings of right knee and cervical spine. Her medications included amitramadol cream and cyclo-keto-lido ultra cream. A request has been made for topical cyclo-keto-lido cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CYCLO-KETO LIDO CREAM: Upheld

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

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

Decision rationale: California Medical Treatment Guidelines for Chronic Pain state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Guidelines further state that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Ketoprofen is not currently FDA-approved for a topical application as it has an extremely high incidence of photo contact dermatitis. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain and no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. The topical cream prescribed for the patient includes cyclobenzaprine and guidelines state there is no evidence for use for any muscle relaxant as a topical product. Therefore, the request for topical cyclo-keto-lido cream would not meet guideline criteria and is not recommended by California Medical Treatment Guidelines. As such, the request is non-certified.