

Case Number:	CM14-0002221		
Date Assigned:	05/16/2014	Date of Injury:	09/19/2005
Decision Date:	07/11/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/07/2014

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:

The injured worker is a 73-year-old male who reported an injury on 09/19/2005. The mechanism of injury was not specifically stated. The current diagnoses include status post left knee arthroscopy, herniated nucleus pulposus at C4-7, herniated nucleus pulposus at L4-S1, hypertension, left lower extremity radiculitis, lumbar spine myofascial pain syndrome, and multilevel disc degeneration with inflammation and protrusion. The injured worker was evaluated on 02/17/2014. The injured worker reported persistent neck pain rated 6/10 with radiation into the left upper extremity as well as mid back pain rated 6/10 with radiation into the left lower extremity. The current medications include topical creams. Physical examination revealed iliopsoas weakness, quadriceps weakness, 4+ hamstring tightness, and absent clonus. Treatment recommendations included continuation of a home exercise program as well as topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN GEL, 120 GM: 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: California MTUS 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 is Diclofenac. Therefore, the request is not medically appropriate. There is also no frequency or strength listed in the current request. As such, the request is not medically necessary.

KETOPROFEN GEL, 120 GM: 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: California MTUS 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 is Diclofenac. Therefore, the request is not medically appropriate. There is also no frequency or strength listed in the current request. As such, the request is not medically necessary.

GABAPENTIN, CYCLOBENZAPRINE AND CAPSAICIN COMPOUND 120 GM:
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: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Gabapentin is not recommended, as there is no evidence for the use of any antiepilepsy drug as a topical product. Muscle relaxants are also not recommended, as there is no evidence for the use of a muscle relaxant as a topical product. Therefore, the current request is not medically appropriate. As such, the request is not medically necessary.