

Case Number:	CM14-0008823		
Date Assigned:	02/12/2014	Date of Injury:	09/17/2002
Decision Date:	06/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 41-year-old male with a reported date of injury of 09/17/2002. The mechanism of injury was not submitted with the medical records. The progress note dated 09/10/2013 listed the diagnoses as cervical spondylosis C5-6 and C6-7, status post artificial disc replacement to C5-6 and C6-7 on 08/23/2012, no intrinsic shoulder abnormality, and mild degenerative disc disease of the lumbar spine. The progress note dated 02/05/2014 listed the medications as Ultram, Prilosec, Flexeril, and cyclo/keto/lido cream. The request of authorization form dated 02/06/2014 for cyclo/keto/lido cream due to lower back pain with radiculopathy to bilateral lower extremities, cervicalgia with headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLO/KETO/LIDO CREAM 240MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, PAGES 111-113

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

Decision rationale: The request for cyclo/keto/lido cream 240mg is non-certified. Cyclo/keto/lido cream consists of cyclobenzaprine/ketamine/lidocaine. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines also primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines state there is no evidence for use of any other muscle relaxant, including cyclobenzaprine, as a topical product. The guidelines recommend ketamine is only recommended for a treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The guidelines also state topical ketamine has only been studied for use in controlled studies for complex regional pain syndrome 1 and postherpetic neuralgia and both have shown encouraging results. The guidelines recommend lidocaine for neuropathic pain; however, the only formulation approved topically is Lidoderm, no other commercially approved topical formulation of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. The guidelines do not recommend lidocaine, ketamine and cyclobenzaprine in the formulation requested by the physician. Therefore, the request is non-certified.