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| Case Number: | CM14-0105930 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 02/03/2010 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/09/2014 |

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 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 62-year-old male who reported an injury on 02/03/2010. The mechanism of injury was not provided. On 06/10/2014, the injured worker presented with complaints of neck and low back pain. Upon examination of the lumbar spine, there was spasm noted and tenderness to palpation over the paraspinal vertebral area of L4-S1. The range of motion was moderately limited secondary to pain and there was a normal sensory examination bilaterally. The diagnoses were lumbar radiculopathy, status post fusion of the lumbar spine, lumbosacral stenosis, diabetes mellitus, insomnia, and coronary artery disease. The provider recommended a topical compound cream. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto/Lido/Cap/Tram (pcca) 15% 1% 0.012% 5% #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The request for keto/lido/cap/tram (PCCA) 15%/1%/0.012%/5% with a quantity of 120 is non-certified. The California MTUS Guidelines stated that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, and antidepressants. There is little to no research to support the use of many of these agents. The injured worker does not have a diagnosis congruent with the guideline recommendations for topical analgesics. Additionally, the provider's request did not indicate the site that the cream is intended for, the frequency, or the dose in the request as submitted. As such, the request is not medically necessary.