

Case Number:	CM14-0108540		
Date Assigned:	08/01/2014	Date of Injury:	05/04/2010
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/11/2014

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 Nevada. 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 61 year-old male who was reportedly injured on May 4, 2010. The mechanism of injury is noted as a low back injury while moving a patient. The most recent progress note dated June 6, 2014, indicates that there are ongoing complaints of neck pain, left shoulder pain and low back pain. Physical examination demonstrated tenderness and restricted range of motion to the cervical spine, left shoulder and lumbar spine; positive left straight leg raise test with radiating pain into the left lower extremity; sensation intact in the upper/lower extremities bilaterally; deep tendon reflexes +2 in the upper/lower extremities bilaterally; motor strength: 4/5 extensor hallucis longus and Tibialis Anterior bilaterally, otherwise 5/5 in the upper/lower extremities; normal gait. No recent diagnostic imaging studies available for review. Previous treatment included oral anti-inflammatories, muscle relaxers and analgesics. A request was made for flurbiprofen cream, ketoprofen/ketamine cream and the Gabapentin/Cyclobenzaprine/Capsaicin Cream and was not certified in the utilization review on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: California Medical Treatment Utilization Schedule guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. The guidelines further state that the use of topical muscle relaxers, including cyclobenzaprine, is not recommended. As such, this request is not considered medically necessary.

Ketoprofen/Ketamine Cream: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines support topical non steroidal anti-inflammatory drugs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration or for whom oral administration is contraindicated. Ketoprofen is not currently Food and drug Administration approved for topical application, as there is an extremely high incidence of photocontact dermatitis. As such, request for the Ketoprofen/Ketamine Cream is not medically necessary.

Gabapentin/Cyclobenzaprine/Capsaicin Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: California Medical Treatment Utilization Schedule treatment guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended. Additionally, the guidelines state there is no evidence to support the use of topical gabapentin and advised against the addition of gabapentin to other agents. For this reason, the request for the Gabapentin/Cyclobenzaprine/Capsaicin Cream is not medically necessary.