

Case Number:	CM14-0108982		
Date Assigned:	08/01/2014	Date of Injury:	10/11/1989
Decision Date:	09/22/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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 Illinois. 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 55-year-old who reported an injury on 10/11/1989; while working for [REDACTED] as a laborer, he sustained injuries to his back. The injured worker's treatment history included back surgery, medications, MRI studies, CT scans, and physical therapy. The injured worker was evaluated on 07/11/2014, and it was documented that the injured worker complained of severe pain in his thoracic spine. Pain before surgery was 10/10, and after surgery was a 6/10. The documentation provided noted he reported 4 surgeries in the past, which all failed to resolve his initial complaints. Physical examination revealed dynamometer test right 74 and left 110. Medications included Oxycodone 30 mg. Diagnoses included right sided T9-10, T10-11, T11-12 foraminal stenosis, and nerve compression with radicular symptomatology. The injured worker was evaluated on 07/17/2014 and it was documented the injured worker was going to have nerve decompression on 07/30/2014. Physical examination of the lumbar spine revealed bilateral tenderness and spasms of the L3 to L5 paraspinal muscles. There was decreased range of motion. Extension was at 0 degrees, flexion was at 25 degrees, bilateral bending was at 5 degrees, and rotation was at 0 degrees. Decreased sensory to pinprick along the right lateral leg. Deep tendon ankle reflexes were decreased in the bilateral lower extremities. Pain level was 7/10. The provider noted the injured worker was prescribed Ketoprofen cream 10% to avoid oral NSAIDs. The Request for Authorization was not submitted for this review. However, the rationale for the topical cream was to reduce the injured worker's usage of NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10% Cyclobenzaprine 3% Capsaicin 0.0375% Menthol 2% Camphor 1% cream DOS 052214: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Non-steroidal anti-inflammatory agents (NSAIDs) efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. The guidelines do not recommend Cyclobenzaprine as a topical medication. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines state that there are no other commercially approved topical formulation of Lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. Given the above, the request is not supported by the guidelines, noting the safety or efficacy of this medication. As such, the request is not medically necessary.