

Case Number:	CM14-0015888		
Date Assigned:	06/11/2014	Date of Injury:	01/14/2012
Decision Date:	08/18/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/07/2014

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 Neurology, and has a subspecialty in Neuromuscular Medicine and is licensed to practice New Jersey. 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 patient is a 59-year-old woman who sustained a work related injury on January 14, 2012. Subsequently, she developed chronic low back. According to a note dated on December 13, 2013, the lumbosacral pain has increased to 9/10. There is an appeal for an MRI of the lumbar spine to rule out a herniated nucleus pulposus. The patient went to the emergency room on November 26, 2013 and was given Toradol for pain control. Her physical examination was significant for a positive straight leg raising test. The patient reported limited benefit from chiropractic care, acupuncture, and physical therapy. The patient was diagnosed with lumbosacral sprain/strain, anterolisthesis, anxiety, and depression. The patient's medications included: naproxen, Celexa, Wanax, Fioricet, Tramadol, Norco, Toradol, and Cyclo-Keto-ido cream. The provider requested authorization to use Cyclo-Keto-lido cream and Toradol.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLO-KETO-LIDO CREAM QUANTITY 240 GRAM WITH ONE ONE REFILL:

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.

Decision rationale: The requested topical cream is formed by the combination of Cyclobenzaprine/ Ketoprofen/ lidocaine. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The cream contains Cyclobenzaprine not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical cream Cyclobenzaprine/Ketoprofen/lidocaine cream is not medically necessary.

TORADOL 60 MG QUANTITY 30 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 73.

Decision rationale: According to MTUS guidelines, “Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions.” Toradol is recommended for severe acute pain for a short period of time. In this case, the patient did require an injection of Toradol at the time of the ER visit. The patient current pain is clearly chronic. The provider requested the use of Naproxen and there is no rationale for combining Tramadol with Naproxen. Therefore, the request to prescribe Tramadol is not medically necessary.