

Case Number:	CM14-0016758		
Date Assigned:	04/11/2014	Date of Injury:	07/21/2011
Decision Date:	05/28/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 34-year-old male who reported an injury on 07/21/2011 due to cumulative trauma, which reportedly caused injury to the injured worker's low back. The injured worker's treatment history included physical therapy, medications, and epidural steroid injections. The injured worker was evaluated on 09/26/2013. It was documented the injured worker had decreased range of motion of the lumbar spine with decreased sensation in the right S1 distribution with a positive right sided straight leg raising test. The injured worker's diagnoses included right sided L5-S1 disc protrusion with right S1 radiculopathy and L4-5, L5 S1 discogenic pain with radiculopathy. The injured worker's treatment plan included a repeat epidural steroid injection and a refill of his topical cream medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN POWDER , CYCLOBENZAPRINE POWDER, CAPSAICIN POWDER, MENTHOL CRYSTALS, CAMPHOR CRYSTALS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: The requested Ketoprofen Powder , Cyclobenzaprine Powder, Capsaicin Powder, Menthol Crystals, Camphor Crystals are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of Ketoprofen as a compounded agent in a topical formulation as it is not FDA approved to treat pain as a topical agent. Additionally, the California Medical Treatment Utilization Schedule does not support the use of Cyclobenzaprine in a topical formulation as there is little scientific data to support the efficacy of this medication. The California Medical Treatment Utilization Schedule recommends Capsaicin as a topical analgesic when the injured worker has failed to respond to first line chronic pain management treatments. The clinical documentation does not provide any evidence that the injured worker has failed to respond to first line medications to include antidepressants and anticonvulsants. The California Medical Treatment Utilization Schedule states that any medications that contain at least 1 drug or drug class that is not supported by Guideline recommendations is not recommended. Additionally, the request as it is submitted does not provide a dosage, frequency, or body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the Requested Ketoprofen Powder, Cyclobenzaprine Powder, Capsaicin Powder, Menthol Crystals, Camphor Crystals are not medically necessary or appropriate.

GABAPENIN POWDER, KETOPROFEN POWDER, LIDOCAINE HCL POWDER, PICCA LIPO DERM BASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: The requested Gabapentin Powder, Ketoprofen Powder, Lidocaine Hcl Powder, PCCA Lipo Derm Base are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of Gabapentin as a topical analgesic as there is little scientific evidence to support the efficacy and safety of this medication in a topical formulation. The California Medical Treatment and Utilization Schedule does not recommend the use of Ketoprofen in a topical formulation as it is not FDA approved to treat pain. Additionally, the California Medical Treatment Utilization Schedule does not recommend the use of Lidocaine in a topical cream or gel as it is not FDA approved to treat neuropathic pain in that formulation. The California Medical Treatment Utilization Schedule does not recommend the use of any compounded medication that contains at least 1 drug or drug class that is not supported by Guideline recommendations. Additionally, the request as it is submitted did not provide a frequency, duration, quantity of treatment, or body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Gabapentin Powder, Ketoprofen Powder, Lidocaine Hcl Powder, PCCA Lipo Derm Base are not medically necessary or appropriate.