

Case Number:	CM14-0017015		
Date Assigned:	03/07/2014	Date of Injury:	05/07/2004
Decision Date:	04/23/2014	UR Denial Date:	01/28/2014
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 Internal Medicine, Pulmonary Diseases 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 patient is a 51-year-old male who reported an injury on 05/07/2004. The mechanism of injury was noted to be a fall. The patient was diagnosed with status post multiple lumbar spine surgery fusions with residuals, status post cervical spine fusion with residuals, and sleep disturbance, stress, anxiety, and depression. The patient's symptoms included pain of 7/10 radiating from lower back to lower extremities. The patient's past medical treatment was noted to be taking medications of tramadol and naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLO-KETO-LIDO CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Also, that they are primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. However, there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not supported. The requested topical cream contains cyclobenzaprine, ketoprofen and lidocaine. The guidelines state ketoprofen is not currently FDA-approved for topical application. It has an extremely high incidence of photo contact dermatitis. Due to ketoprofen not being currently FDA-approved, and as the guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended, is therefore not supported. Given the above, Cyclo-Keto-Lido Cream is non-certified.

TRAMADOL 50MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, and the 4 A's for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Despite documentation indicating that the patient reported no adverse side effects with the use of the requested medication, the documentation failed to provide evidence of increased function with use of opioids, and whether there have been reported aberrant drug-taking behaviors. In the absence of the detailed documentation required by the guidelines of the ongoing use of opioid medications, the request for Tramadol 50 mg #90 is non-certified.