

Case Number:	CM14-0112592		
Date Assigned:	08/01/2014	Date of Injury:	09/30/2003
Decision Date:	10/03/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/18/2014

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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old male with a 9/30/03 date of injury. At the time (7/1/14) of request for authorization for 1 Prescription of Cyclo/Keto/Lido 240gm and 1 Prescription of Naproxen cream 240gm, there is documentation of subjective (neck pain radiating to the bilateral shoulders and biceps with tingling in the hands as well as radiating low back pain) and objective (tenderness over the cervical and lumbar spine, positive cervical compression and Spurling's test, and positive straight leg raise) findings, current diagnoses (status post C6-7 anterior discectomy and fusion, status post anterior interbody fusion L4-5 and L5-S1, and sciatica), and treatment to date (medications (including Norco). Regarding Naproxen cream, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Cyclo/Keto/Lido 240gm: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post C6-7 anterior discectomy and fusion, status post anterior interbody fusion L4-5 and L5-S1, and sciatica. However, the requested 1 Prescription of Cyclo/Keto/Lido 240gm contains at least one drug (ketoprofen and lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Cyclo/Keto/Lido 240gm is not medically necessary.

(1) Prescription of Naproxen cream 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of status post C6-7 anterior discectomy and fusion, status post anterior interbody fusion L4-5 and L5-S1, and sciatica. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, there is no documentation of the intention to treat over a short course (4-12 weeks). Furthermore, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Naproxen cream 240gm is not medically necessary.