

Case Number:	CM14-0120637		
Date Assigned:	08/06/2014	Date of Injury:	05/24/2010
Decision Date:	10/01/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/31/2014

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, has a subspecialty in Interventional Spine 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 50-year-old male with a date of injury of 05/24/2010. The listed diagnoses per [REDACTED] are: Sprain of lumbar spine; Degeneration of lumbar spine; Sciatica; Spinal stenosis lumbar region, with neurogenic claudication; Post-laminectomy syndrome, lumbar region; Displacement of lumbar vertebral disk without myelopathy. According to the progress report on 06/02/2014, the patient complains of continued low back pain. The patient rates his pain 07/10 with medication. Examination findings revealed the patient is not able to toe walk on the left. There is a negative left straight leg raise and left motor of 5/5 noted. Report 04/24/2014 indicates the patient continues with pain and stiffness. This patient is status post L5-S1 removal of bilateral lumbar spinal hardware. The treating physician states the patient has postoperative pain and stiffness. There is no infection noted, but there is erythema/cellulitis around the sutures. He is requesting topical compound creams. Utilization review denied the request on 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketop/Lidoc/Cap/Tram (15%,1%0.012/5%) Liquid Qty 60: 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 creams Page(s): 111.

Decision rationale: This patient is status post lumbar hardware removal on 04/11/2014 and presents with postoperative pain, stiffness, and tenderness. The treating physician is requesting a compound topical cream that includes ketoprofen, lidocaine, capsaicin, and tramadol. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Furthermore, Tramadol is not tested for transdermal use with any efficacy. Recommendation is that the request is not medically necessary.

Flurbiprofen/Capsaic (Patch) 10%0.025% Cream, Qty 120: 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 creams Page(s): 111.

Decision rationale: This patient is status post lumbar hardware removal on 04/11/2014 and presents with postoperative pain, stiffness, and tenderness. The treating physician is requesting a topical flurbiprofen and capsaicin cream. For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. The MTUS Guidelines page 111 states the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Recommendation is that the request is not medically necessary.

Lidocaine/Hyaluronic (Patch) 6%0.2% Cream Qty: 120: 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 creams Page(s): 111.

Decision rationale: This patient is status post lumbar hardware removal on 04/11/2014 and presents with postoperative pain, stiffness, and tenderness. The treating physician is requesting a lidocaine and hyaluronic topical cream. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Recommendation is that the request is not medically necessary.