

Case Number:	CM14-0130608		
Date Assigned:	08/22/2014	Date of Injury:	01/29/2010
Decision Date:	10/20/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	08/15/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 work injury dated 1/29/10. The diagnoses include lumbar disc herniation with radiculitis/radiculopathy, anxiety and depression and insomnia. Under consideration is a request for retrospective request for medications Keto/Cyclo/Lido cream (duration unknown and frequency unknown) dispensed on 05/22/2014 for treatment of low back. There is a primary treating physician report dated 3/7/13 document that states that the patient complains of pain in his low back and rates his pain level at 6-7/10 on a visual analog pain scale of 0-10 with 0 being no pain and 10 being most severe. He is being administered lumbar epidural injections. He is here for medications. On physical examination of lumbar spine range of motion flexion is 45 degrees, extension is 15 degrees, bending is 20 degrees on the right and 20 degrees on the left. Straight leg raise is 70 degrees on the right and left. Lasegue is equivocal bilaterally. There is hypoesthesia at anterolateral aspect of the foot and ankle of incomplete nature at L4-L5 and L5-S1 dermatome distribution. There is weakness in the big toe dorsiflexor and big toe plantar flexor bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medications Keto/Cyclo/Lido cream (duration unknown and frequency unknown) dispensed on 05/22/2014 for treatment of low back: Upheld

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

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

Decision rationale: Retrospective request for medications Keto/Cyclo/Lido cream (duration unknown and frequency unknown) dispensed on 05/22/2014 for treatment of low back is not medically necessary per the MTUS guidelines. The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The request for this ointment is not medically necessary for the following reasons. Ketoprofen is an NSAID (non-steroidal anti-inflammatory). The MTUS Chronic Pain Medical Treatment guidelines state that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical NSAIDS are primarily indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip or shoulder and no evidence to support use in neuropathic pain. . Furthermore, the guidelines do not endorse the use of topical Lidocaine in ointment form. The MTUS does not recommend topical Gabapentin. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation indicates that the patient has low back issues. The guidelines do not support topical NSAIDS for the spine or topical Lidocaine or Gabapentin. Additionally, the request has no duration and frequency of the topical medication. The request for retrospective medications Keto/Cyclo/Lido cream (duration unknown and frequency unknown) dispensed on 05/22/2014 for treatment of low back is not medically necessary.