MAXIMUS Federal Services

Case Number:	CM14-0133985		
Date Assigned:	08/27/2014	Date of Injury:	05/28/2011
Decision Date:	10/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/21/2014

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 Medicine and is licensed to practice in Tennessee. 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:

This is a 46-year-old female with a 5/28/11 date of injury. A specific mechanism of injury was not described. According to a progress report dated 4/10/14, the patient complained of lumbar spine pain rated 5/10 with no change in symptoms. The patient declined further injections to the lumbar spine and was determined to not be a surgical candidate at this time. Objective findings: no change since last visit. Diagnostic impression: lumbar spine degenerative disc disease, lower extremity radiculopathy, thoracic spine degenerative disc disease.Treatment to date: medication management, activity modification, chiropractic care, facet blocks.A UR decision dated 7/25/14 denied the request for Prescription drug, generic Lidocaine/Ketoprofen/Cyclobenzaprine. There was no mention how this medication would be helpful in the overall treatment plan, and rather there was mention that the patient was prescribed oral medications for pain and no mention anywhere of the need for topical compounded analgesic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Ketoprofen/Cyclobenzaprine DOS 06/16/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25,28,111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, guidelines do not support the use of Ketoprofen or cyclobenzaprine in a topical formulation. Lidocaine is not recommended in a topical lotion/cream formulation due to the risk of toxicity. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Prescription drug, generic Lidocaine/Ketoprofen/Cyclobenzaprine is not medically necessary.