

Case Number:	CM14-0158499		
Date Assigned:	10/02/2014	Date of Injury:	02/17/2006
Decision Date:	10/28/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/26/2014

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 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:

This 46 year-old patient sustained a low back injury on 2/17/06 while employed by [REDACTED]. Request(s) under consideration include Topical 1 prescription for hydrocodone/ibuprofen k-rub cream. Diagnoses include lumbar spinal stenosis with claudication/ acquired spondylolisthesis/ lumbago/ sciatica. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 8/5/14 from the provider noted the patient with ongoing chronic low back pain with associated radiating limb pain, numbness and tingling. Current medications list Lidoderm patch, Norco, Zanaflex, K-rub cream, and Ultram. Exam noted "deferred" physical exam not performed today. Diagnoses were lumbar disc displacement without myelopathy and right L5 radiculitis. Treatment plan included refill of all meds including K-rub cream, possible lumbar epidural steroid injection, and referenced back disc surgery planned although there was confusion with authorization of surgery that was not approved. The patient remained P&S/MMI. The request(s) for Topical 1 prescription for hydrocodone/ibuprofen k-rub cream was non-certified on 9/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for hydrocodone/ibuprofen k-rub cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On Going Management.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There are no evidenced-based studies to indicate efficacy of topical opioid of Hydrocodone with concurrent prescription of Norco and Ultram and topical anti-inflammatory formulation over oral delivery. Submitted reports have not demonstrated any functional improvement, specific pain relief on VAS rating, and change in work status or increase in activities of daily living functions from treatment already rendered to treat this chronic injury of 2006. Submitted reports have not adequately documented the indication or medical need for this topical compounded analgesic outside guidelines recommendations. The Topical 1 prescription for hydrocodone/ ibuprofen k-rub cream is not medically necessary and appropriate.