

Case Number:	CM14-0170831		
Date Assigned:	10/23/2014	Date of Injury:	06/26/2014
Decision Date:	11/28/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 54 year old male who was injured on 6/26/2014 after falling from a ladder. He was diagnosed with right proximal hamstring/adductor strain/sprain and right inguinal hernia. He was treated with physical therapy and pain medication. On 9/8/14, the worker was seen by his primary treating physician reporting that he was working full time but with light duty capacity restrictions and continued to experience pain in low back hips, and right inguinal area. He also noticed a lump in the inguinal area on the right side. His overall pain level was rated at 3/10 on the pain scale. Physical findings included a large tender reducible herniation over the right inguinal canal. He was then recommended chiropractic treatments for his back, a urine drug test, naproxen, interferential unit, and a topical analgesic (Cyclobenzaprine/Ketoprofen/Lidocaine) for his back, referral for a general surgeon, and an ultrasound of the right inguinal area for his hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo / Keto / Lido Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 49.

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Specifically, for topical muscle relaxants (such as cyclobenzaprine) the MTUS states that they are not recommended due to lack of evidence for benefit or safety. Topical ketoprofen, also, is not recommended by the MTUS as it is not FDA approved for topical use and has an extremely high incidence of photocontact dermatitis. Any compounded/combination product that contains at least one drug (or drug class) which is not recommended is not recommended. In the case of this worker, he was recommended a combination/compounded topical medication (Cyclobenzaprine/Ketoprofen/Lidocaine), which includes non-recommended topical agents and is therefore, not recommended or medically necessary.