

Case Number:	CM14-0171586		
Date Assigned:	10/23/2014	Date of Injury:	08/16/2011
Decision Date:	11/21/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/17/2014

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 & Rehabilitation, has a subspecialty in Interverntional 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 31-year-old male with an injury date of 08/16/11. based on the 08/27/14 progress report provided by [REDACTED], the patient complains of low back pain rated 7/10 that radiates to the left lower extremity. Physical examination to the lumbar spine revealed decreased range of motion, especially on extension 10 degrees. His medications include Ambien, Norco, Omeprazole, Terocin patch, and Menthoderm Gel. Diagnosis 08/27/14- lumbar radiculitis- lumbar disc protrusion- lumbar sprain/strain [REDACTED]. [REDACTED] is requesting Topical compound cream: ketoprofen 20%, Lidocaine 5%, cyclobenzaprine 1%, 120gm. the utilization review determination being challenged is dated 09/17/14. [REDACTED] is the requesting provider and he provided frequent report dated 08/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream: Ketoprofen 20%, Lidocaine 5%, Cyclobenzaprine 1%, 120gm:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: The patient presents with low back pain rated 7/10 that radiates to the left lower extremity. The request is for Topical compound cream: ketoprofen 20%, Lidocaine 5%, cyclobenzaprine 1%, 120gm. His diagnosis dated 08/27/14 includes lumbar radiculitis, lumbar disc protrusion and lumbar sprain/strain. MTUS has the following regarding topical creams (p111, chronic pain section): " Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Requested topical ointment is not indicated by MTUS. The request is not medically necessary.