

<b>Case Number:</b>	CM14-0177797		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal Medicine, 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 injured worker (IW) is a 45-year-old man with a date of injury of February 18, 2009. The injury occurred when the IW was working at the state prison. He slipped on water and oil that was on the floor, which caused him to fall backwards, injuring his lower back. He is currently working. The carrier has accepted the lower back area. Pursuant to the progress note dated August 27, 2014 indicated that the IW complains of ongoing low back pain rated 9-10/10. The pain increased with activities of daily living, and decreases with rest. The IW indicated that he received chiropractic treatment on September 21, 2014, and it made him worse. Objective findings indicate that functional change from last exam is worse, due to increased pain. There was no change in the physical exam since last visit. The IW has been diagnosed with lumbar spine radiculitis with multi-level HNP/stenosis. Plan is to discontinue Norco 5/325mg and prescribe Norco 10/325mg. The IW returned to modified duties on August 27, 2014 with the following restrictions: Limited lifting, pushing and pulling; must be able to stand and sit liberally. Other recommendations include physical therapy, and acupuncture. Possible pain management referral if therapy does not work. There is nothing in the physical examination showing the inability of the IW to drive himself. According to the Low Back Disability Questionnaire dated September 30, 2014, pertaining to travel, the IW marked the box that stated: "Pain is bad but I manage journeys over 2 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to and from all medical appointments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Transportation

**Decision rationale:** Pursuant to the Official Disability Guidelines, transportation to and from all medical appointments is not medically necessary. The California Medical Treatment Utilization Schedule and the ACOEM do not address transportation to and from appointments. The Official Disability Guidelines recommends transportation for medically necessary appointments in the same community in patients with disabilities preventing them from self-transport. In this case, the worker is 45 years old. He sustained an injury to his lower back. He is currently working. According to the low back disability questionnaire dated September 30, 2014, pertaining to travel, the injured worker marked the box that stated: "pain is bad but I managed journey is over two hours". There was no documentation to support deficits that would prevent the injured worker from providing self-transport to and from medically necessary appointments. The request for all transportation to all doctor visits is not medically necessary. Based on the clinical information in the medical record in the peer review evidence-based guidelines, transportation to and from all medical appointments is not medically necessary.

**CycloKetoLido cream 240grams, quantity 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Topical Analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the topical analgesic Cyclo Keto Lido cream #240g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Both Cyclobenzaprine and Ketoprofen are specifically not recommended by the Chronic Pain Medical Treatment Guidelines for the FDA for topical use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Cyclo Keto Lido cream contains Cyclobenzaprine and Ketoprofen. Neither drug is FDA approved. Cyclobenzaprine is not recommended. Consequently, if any compounded product that contains at least one drug (Cyclobenzaprine and Ketoprofen) is not recommended, is not recommended. Hence, this topical compound is not recommended. Based on the clinical information in the medical record of the peer-reviewed evidence-based guidelines, Cyclo Keto Lido cream #240g is not medically necessary.

