

Case Number:	CM14-0025050		
Date Assigned:	06/11/2014	Date of Injury:	01/20/2011
Decision Date:	07/15/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports 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 is a 51-year-old male with a reported date of injury on 01/20/2011. The mechanism of injury was noted to have reportedly occurred when the injured worker was moving a torch cart that carries 2 tanks when the cart slipped from his hands and was going to land on his feet, so he quickly caught it in his hands while it was still in the air, and the weight of the cart bent him forward. His diagnoses were noted to include a cervical spine herniated nucleus pulposus with degenerative disc disease and lumbar spine signs and symptoms with radiculopathy as well as failed epidural steroid injection. His previous treatments were noted to include chiropractic therapy, medications, physical therapy and work conditioning. The progress note dated 01/23/2014 reported that the injured worker complained of lumbar spine chronic pain that was rated as moderate to severe as well as bilateral lower extremity radiculopathy and hip pain. The injured worker reported that he was there because he had increased abdominal pain in the epigastric area and complained of it burning although he was on a proton pump inhibitor. The medications prescribed were naproxen cream, cyclo/keto/lido cream, Voltaren EC 100 mg and Prilosec 20 mg. The injured worker was on ibuprofen, but it was discontinued due to stomach upset. The Request for Authorization dated 01/27/2014 was for naproxen cream and cyclo/keto/lido cream due to pain and GI upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL MEDICATIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. The injured worker complained of GI upset, and his medical regimen was changed to topical analgesics. The guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state that the efficacy of topical NSAIDs in clinical trials of this treatment modality have been inconsistent, and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterwards or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs were shown to be superior to placebo for 4 to 12 weeks. The guidelines state that in this study, the effect appeared to diminish over time, and it was stated that further research was required to determine if the results were similar for all durations. These medications may be useful in chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical NSAIDs, according to the guidelines are indicated for osteoarthritis and tendonitis, particularly of the knee or elbow, but are not recommended for neuropathic pain as there is no evidence to support their use. The guidelines do not recommend topical NSAIDs for the use of neuropathic or chronic back pain. Additionally, the guidelines state the topical NSAIDs efficacy has a diminishing effect over time. The request failed to provide the frequency at which this medication is to be utilized as well. Therefore, the request is non-certified.

CYCLO-KETO-LIDO (CYCLOBENZAPRINE, KETOPROFEN, LIDOCAINE) CREAM:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL MEDICATIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. The injured worker was prescribed this medication in 01/2014 due to a change in his medication regimen due to gastrointestinal upset. The guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state that topical lidocaine is recommended

for neuropathic pain; however, the only commercially-approved topical formulation of lidocaine is Lidoderm. No other commercially-approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines state that there is no evidence for the use of a muscle relaxant as a topical product. The guidelines also state that ketamine is only recommended for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. The guidelines do not recommend cyclobenzaprine or this formulation of lidocaine as a topical analgesic which would warrant this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.