

Case Number:	CM14-0026785		
Date Assigned:	06/13/2014	Date of Injury:	11/25/2009
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 54-year-old male with a reported date of injury on 11/25/2009. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with complaints of dull left foot pain, and low back pain radiating to the left leg. The injured worker rated his pain at 8/10. Upon physical examination, the physician noted that the injured worker had limited lumbar flexion, lower lumbar paraspinal muscle tenderness, and a positive straight leg raise. Previous physical therapy or other conservative care was not provided within the documentation available for review. The injured worker's diagnoses included a crush injury of the left ankle and foot, left calcaneal neuropathy, status post left ankle/foot retinacular sheath release, neuroplasty posterior tibial nerve, lumbar herniated nucleus pulposus, and lumbar radiculopathy. The injured worker's medication regimen included Norco, Ambien, and topical analgesics. The Request for Authorization for Norco 10/325 unknown quantity, and ketoprofen/cyclobenzaprine/gabapentin/lidocaine topical compound cream was submitted on 03/03/2014. The physician indicated that the compound cream provided additional relief for the injured worker's foot and Norco enabled the injured worker to participate in activities of daily living, including working as a crane mechanic 40 hours a week and doing housework.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG UNKNOWN QTY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When To Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that the ongoing management of opioid use should include the ongoing documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response of treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review lacks documentation of the injured worker's functional deficits, to include the range of motion values. According to the clinical documentation provided, the injured worker has been utilizing Norco prior to 12/2013. There is a lack of documentation related to the therapeutic effect of the continued use of Norco. In addition, the request as submitted failed to provide frequency, directions, and number of pills requested to be utilized. Therefore, the request for Norco 10/325 mg of unknown quantity is not medically necessary.

KETOPROFEN/CYCLOBENZAPRINE/GABAPENTIN/LIDOCAINE TOPICAL COMPOUND CREAM: 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, NSAIDs, Lidocaine, Gabapentin, other muscle relaxants Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are recommended as an option, although they are largely experimental in use with few randomized controls trials to determine effectiveness or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as mono therapy or in combination for pain control. There is little to no research to support the use of many of these agents. In addition, the guidelines state that non-steroidal, anti-inflammatory agents in clinical trials for topical analgesics are inconsistent and that most studies are small of short duration. Topical NSAIDs have been shown to be superior during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over the following 2 week period. In addition, Lidocaine is recommended for localized neuropathic pain after there has been evidence of a trial of first line therapy. Topical Lidocaine in the formulation of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially approved topical formulation of Lidocaine (whether creams, lotions, or gels) is indicated for neuropathic pain. The guidelines also state there is no evidence for use of any muscle relaxant as a topical product. Furthermore, Gabapentin is not recommended by the California MTUS Guidelines. The guidelines continue to state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. According to the clinical documentation provided for review, the injured worker has been utilizing topical analgesics prior to 12/2013. There is a lack of documentation related to the injured worker's improvement in function related to the utilization of topical analgesics. In addition, the guidelines do not recommend

cyclobenzaprine, Gabapentin, or Lidocaine as a topical analgesic. Therefore, the request for ketoprofen/cyclobenzaprine/gabapentin/lidocaine topical compound cream is not medically necessary.