

Case Number:	CM14-0030278		
Date Assigned:	06/20/2014	Date of Injury:	06/15/2007
Decision Date:	08/11/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/10/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that age unknown individual was reportedly injured on 6/15/2007. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 2/4/2014, indicated that there were ongoing complaints of low back pain, right lower extremity pain, and right shoulder pain. The physical examination demonstrated lumbar spine limited range of motion, positive straight leg raise, Braggards test and Bowstring's test positive on the right side. Right lower extremity muscle strength was 4/5. Right lower extremity had decreased sensation along the L4, L5 and S1 dermatomes. No recent diagnostic studies were available for review. Previous treatment included previous surgery, physical therapy, medications, and conservative treatment. A request had been made for flurbiprofen 20% gel 120 gm, ketoprofen 20% + ketamine 10% gel 120 gm and gabapentin 10% + cyclobenzaprine 10% with 0.375% capsaicin 120 gm and was not certified in the pre-authorization process on 2/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% gel 120gm., Ketoprofen 20% + Ketamine 10% gel 120 gm., and Gabapentin 10% + Cyclobenzaprine 10% with 0.375% Capsacin 120 gm. to be applied 2-3 times a day as directed.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 OF 127.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that topical analgesics are "largely experimental" and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". The guidelines note there is little evidence to support the use of topical NSAIDs for treatment of the above noted diagnosis. Additionally, the guidelines state there is no evidence to support the use of topical cyclobenzaprine (muscle relaxant) and advise against the addition of cyclobenzaprine to other agents. Therefore, this request is not considered medically necessary.