

Case Number:	CM14-0044863		
Date Assigned:	07/02/2014	Date of Injury:	10/26/2011
Decision Date:	08/27/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/11/2014

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 Emergency 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 patient has a reported date of injury of 10/26/2011. The patient's mechanism of injury is having their foot rolled over by a wheelchair leading to pt twisting back as well. The patient has a diagnosis of sprain/strain of hip/thigh, lumbar sprain/strain with radiculopathy and crushing injury to foot. The patient has reportedly constant low back radiating to left hip and buttocks and up to both shoulders. The pain is worsened with movement. An objective exam documents lumbar spine pain, foot pain and difficulty moving. An MRI of lumbar spine reveals disc bulge at L4-5 with left paracentral/foraminal disc herniation with moderate narrowing of caudal margin of L neural foraminal stenosis, 2mm bulge at L5-S1 with R disc protrusion causing bilateral neuroforaminal stenosis and mild central canal stenosis. An EMG/NCV reveals L5-S1 radiculopathy bilaterally, with it being worst on left. The patient has had physical therapy and acupuncture in the past. The patient appears to be on Zantac, MiraLax, Omeprazole, Lunesta and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 gm Cyclo-Keto-Lido cream apply to affected area 2 x a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, any compounded product that contains one drug or drug class that is not recommended is not recommended. The request compound contains Cyclobenzaprine, Ketoprofen and Lidocaine. According to the MTUS guidelines, topical muscle relaxants like Cyclobenzaprine are not recommended as per MTUS guidelines due to lack of evidence of efficacy. Ketoprofen is a Non-steroidal anti-inflammatory drug (NSAID), and is not FDA approved for use as a topical compound. As per MTUS chronic pain guidelines, topical NSAIDs have inconsistent results but are better than placebo for pain during initial 2weeks of pain with diminishing results over time. It is currently only recommended for short term use and for osteoarthritis of joints that are amenable for topical treatment (such as elbow or knees). There is no evidence to support its use for spine, hip or shoulder pains. In conclusion, NSAID topical are not recommended for long term use and there is no evidence to support its use for back related pain. Topical Lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of at an attempt of trial with a 1st line agent and is therefore not recommended and patient's pain appears to be radicular and not peripheral neuropathic in nature. Since all components of this compounded product is not recommended, the request is not medically necessary.