MAXIMUS Federal Services

Case Number:	CM14-0045295		
Date Assigned:	07/02/2014	Date of Injury:	01/20/2009
Decision Date:	08/25/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 67-year-old male who reported an injury 01/20/2009. The mechanism of injury was not provided within the medical records. The Clinical Note dated 03/14/2014 indicated diagnoses of lumbar discogenic disease, thoracic sprain/strain, and cervical sprain/strain. The injured worker reported upper back pain rated 8/10, low back pain rated 8/10 and neck pain rated 7/10. On physical exam there was tenderness to the cervical and thoracic and lumbar area and restrictive range of motion due to pain. The injured worker's prior treatments included physical therapy and medication management and a urinalysis. The provider submitted a request for an orthopedic consultation and topical analgesics. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for ortho consult is not medically necessary. American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The documentation submitted did not reflect a plan of care for the request. In addition, the provider did not indicate a rationale for the request. Therefore, the request is not medically necessary.

Flurbiprofen/Capsaisin/Menthol 10/0.025/2 1% 120 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Flurbiprofen, page 72, Topical analgesics page 111, Capsaicin page 28 Page(s): 72, 111, 28.

Decision rationale: The request for flurbiprofen/capsaicin/menthol 10/0.025/2 one hundred and twenty grams 1% is non-certified. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not currently FDA approved for topical application. The only FDA approved routes of administration for flurbiprofen are oral tablets and ophthalmologic solution. In addition, it was not indicated if the injured worker had responded or was intolerant to other treatments. Moreover, there was lack of documentation for efficacy and functional improvement with the use of this medication. Furthermore, the request did not indicate a frequency or a quantity for this medication. Therefore, the request for flurbiprofen/capsaicin/menthol is not medically necessary.

Ketoprofen/Cyclobenzarprine/Lidocaine10%3%/5% 120 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Topical Analgesics page 111, Ketoprofen, page 112, Lidocaine, page 112, Topical Muscle Relaxants, page 113, Cyclobenzaprine Page(s): 111, 112, 113.

Decision rationale: The request for ketoprofen/cyclobenzaprine/lidocaine 10%/3%/5% one hundred and twenty grams is not medically necessary. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not recommended. In

addition, cyclobenzaprine is not recommended as a topical muscle relaxant. There is no evidence for use of any other muscle relaxants as a topical product. Moreover, lidocaine is only recommended in the form of Lidoderm. No other commercially approved topical formulations of lidocaine, whether creams nor lotions, are indicated for neuropathic pain. Per the guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Additionally, the request did not indicate a frequency or quantity for this medication. Furthermore, it was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. Moreover, there was lack of documentation of efficacy and functional improvement. Therefore, the request is not medically necessary.