

Case Number:	CM14-0050168		
Date Assigned:	07/07/2014	Date of Injury:	05/10/2013
Decision Date:	08/21/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/16/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 40-year-old female who reported an injury due to repetitive trauma on 05/10/2013. On 03/26/2014, her diagnoses included degenerative disc disease of the cervical spine with stenosis and degenerative disc disease of the lumbar spine with right upper extremity radiculopathy. At that time her treatment included 2 epidural steroid injections, 12 visits of acupuncture, 18 chiropractic treatments, and 24 sessions of physical therapy. Her symptoms included low back pain and spasm. Her physical examination revealed pain with range of motion. No current medications were included in the submitted chart. The treatment plan included a prescription for a topical compound containing Cyclobenzaprine, Ketoprofen, and Lidocaine. No rationale or request for authorization was included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo-keto-lido (cyclobenzprine, ketoprofen, lidocaine) cream bid 240mg with one refill:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, 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 California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded with NSAIDs and local anesthetics. 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 1 class of drugs) that is not recommended, is not recommended. The efficacy in clinical trials of non-steroidal anti-inflammatory agents has been inconsistent. The only FDA approved NSAID for topical application is Diclofenac in the form of Voltaren gel 1%, which is indicated for relief of osteoarthritis pain in the joints that lend themselves to topical treatment. Cyclobenzaprine is a muscle relaxant, and the guidelines state that there is no evidence for use of any muscle relaxant as a topical product. Additionally, no body part was identified to which this cream was to have been applied. Therefore, this request for cyclo-keto-lido (Cyclobenzaprine, Ketoprofen, and Lidocaine) cream twice a day 240 mg with 1 refill is not medically necessary.