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| <b>Case Number:</b>   | CM14-0051692 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 12/23/2009 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 03/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/19/2014 |

### 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 Texas. 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 request for CONSULTATION WITH AN ORTHOPEDIC SPINE SURGEON (CERVICAL) is not medically necessary. The California MTUS/ACOEM Guidelines suggest that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialist who will support functional recovery as well as provide expert medical recommendations. [REDACTED]

[REDACTED] It is unclear from the submitted documentation why a referral to a different orthopedic surgeon was medical necessary. Additionally, the MRI of the left brachial plexus of 03/10/2014 was normal MRI with no significant central canal stenosis of the cervical spine. Furthermore, the orthopedic surgeon whose name appeared on the Request for Authorization saw this injured worker on 06/13/2014. There were no recommendations for any type of surgical intervention. The need for a consultation with a second orthopedic surgeon was not clearly demonstrated in the submitted documentation. Therefore, this request for CONSULTATION WITH AN ORTHOPEDIC SPINE SURGEON (CERVICAL) is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketop/Lidoc/Cap/Tram 15% 1% 0.012% 5% 120gm #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The request for Ketop/Lidoc/Cap/Tram 15% 1% 0.012% 5% 120gm #1 is not medically necessary. The California MTUS state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics 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. Many agents are compounded as monotherapy or a combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, and adenosine. There is little to no research to support the use of many of these agents. The provider's request does not indicate the frequency or the site at which the medication is intended for in the request as submitted. As such, medical necessity has not been established.

**Flur/Cyclo/Caps/Lid 10% 2% 0.0125% 1% 120gm #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The request for Flur/Cyclo/Caps/Lid 10% 2% 0.0125% 1% 120gm #1 is not medically necessary. The California MTUS state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics 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. Many agents are compounded as monotherapy or a combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, and adenosine. There is little to no research to support the use of many of these agents. The provider's request does not indicate the frequency or the site at which the medication is intended for in the request as submitted. As such, medical necessity has not been established.