

Case Number:	CM14-0056649		
Date Assigned:	07/09/2014	Date of Injury:	07/19/2010
Decision Date:	09/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/28/2014

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 Management, 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:

This is a 65-year-old male with a 07/19/2010 date of injury. A specific mechanism of injury was not described. The 3/28/14 determination was non-certified given no prior trials of other medications, no indication of neuropathic pain, and no indication of how long these medications will be needed. The 9/25/13 medical report identified increasing symptomatology in the lumbar spine with extension into the lower extremities. The symptomatology in the patient's bilateral shoulders, bilateral knees, and bilateral feet has not changed significantly. Exam revealed tenderness anteriorly over the bilateral shoulders, positive Hawkins' and impingement sign. Pain was with terminal motion with limited range of motion. Lumbar spine was with tenderness across the iliac crest into the lumbosacral spine. Standing flexion and extension were guarded and restricted. Radicular pain component in the left lower extremity was noted in the L5 and S1 roots and dermatomes. Tenderness over the left plantar aspect of the heel and sole, consistent with plantar fasciitis. Diagnoses include s/p bilateral knee arthroscopic surgery with degenerative joint disease, bilateral shoulder impingement, rule out rotator cuff pathology/radiculitis, multilevel lumbar discopathy with radiculitis with anterolisthesis at L3-4, and bilateral plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cream Flur/ Cyclo/ Caps/ Lid 10%, 2%, 0.0125%, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. Page(s): 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was no indication for the medical necessity of compounded medications as opposed to more widely accepted oral medications. Therefore, this request is not medically necessary.

Cream Keto/Kodoc/Cap/Tram 15% 1% 0.0125% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. Page(s): 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was no indication for the medical necessity of compounded medications as opposed to more widely accepted oral medications. Therefore, this request is not medically necessary.