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| Case Number: | CM14-0065942 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 06/01/2013 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 04/14/2014 |
| Priority: | Standard | Application Received: | 05/09/2014 |

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 Anesthesiology, 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:

According to the records made available for review, this is a 27-year-old male with a 6/1/13 date of injury. At the time (4/4/14) of request for authorization for topical compound Cyclo-Keto-Lido 240 gram with one refill and topical compound Voltaren ER #30 with one refill, there is documentation of subjective findings of low back pain radiating to the left thigh and knee, weakness in the left leg, and fatigue and objective findings of positive left straight leg raise, tenderness to palpation over the lumbar paraspinal muscles bilaterally, and reduced lumbar spine range of motion. The current diagnosis is lumbosacral sprain, and treatment to date includes medications including Ambien, Ativan, and Cialis. Regarding topical compound Voltaren ER #30 with one refill, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), the intention to treat over a short course (4-12 weeks), and failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound Cyclo-Keto-Lido 240 gram with one refill: 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: California MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; 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; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnosis of lumbosacral sprain. However, the requested topical compound Cyclo-Keto-Lido 240 gram with one refill contains at least one drug/drug class (Ketoprofen and muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for topical compound Cyclo-Keto-Lido 240 gram with one refill is not medically necessary.

Topical compoud Voltaren ER #30 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) Page(s): 111-112. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, DICLOFENAC SODIUM.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Voltaren Gel. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of Voltaren Gel. Within the medical information available for review, there is documentation of a diagnosis of lumbosacral sprain. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), the intention to treat over a short course (4-12 weeks), and failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for topical compound Voltaren ER #30 with one refill is not medically necessary.