

Case Number:	CM14-0125184		
Date Assigned:	08/11/2014	Date of Injury:	03/01/2013
Decision Date:	04/22/2015	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old male injured worker suffered an industrial injury on 3/1/2013. The diagnoses were lumbar sacral spinal stenosis and disc bulging along with bilateral lower extremity radiculopathy. The diagnostic studies were lumbar magnetic resonance imaging and electromyography. The treatments were physical therapy, acupuncture, epidural steroid injections and medications. The treating provider reported bilateral lower extremity numbness and pain 8/10. The provider noted the oral nonsteroidal anti-inflammatory medications caused stomach upset. The requested treatment was Compound medication (Cyclobenzaprine/ Ketoprofen/lidocaine) 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication (Cyclobenzaprine/ Ketoprofen/lidocaine) 240gm: 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 Medicine; Salicylate topicals Page(s): 111-113, 105.

Decision rationale: Based on the 6/20/14 progress report provided by the treating physician, this patient presents with lumbar spine pain rated 8/10 on VAS scale, with pain radiating to the bilateral lower extremities with numbness/tingling/weakness. The treater has asked for compound medication (cyclobenzaprine/ketoprofen/lidocaine) 240gm on 6/20/14. The 5/20/14 report states the patient has stomach upset and sleepiness with oral NSAIDs, and will switch to a transdermal. The request for authorization was not included in provided reports. The patient is s/p physical therapy and an epidural steroid injection but continues to have pain and bilateral lower extremities numbness per 5/20/14 report. The patient has not had prior use of a transdermal cream. The patient's work status is permanent and stationary as of 6/20/14 report. He worked modified duty for 3 months after initial injury, then as off work for 7 months, and then returned to modified duty as of April 2014 per 6/20/14 report. The MTUS has the following regarding topical creams (p111, chronic pain section): "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states, "Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation." The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. This review is for a compounded topical containing Ketoprofen, Lidocaine, and Cyclobenzaprine. MTUS states Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. Furthermore, MTUS does not support any formulation of Lidocaine other than a patch. As Cyclobenzaprine and Lidocaine are both not indicated per MTUS guidelines, the whole compounded topical product is not recommended. The request is not medically necessary.