

Case Number:	CM14-0175442		
Date Assigned:	10/28/2014	Date of Injury:	02/23/2009
Decision Date:	03/13/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/23/2014

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 injured worker is a 55-year-old female who reported an injury on 02/23/2009. The mechanism of injury was the injured worker was pulling a walker out of her car and a car struck her in the right buttock, pressing her against the car and pushing her and her car forward approximately 2 to 3 feet, and the injured worker was pinned between the cars. The documentation of 08/15/2014, revealed the injured worker had tried 60 mg Morphine sulphate slow release, and there were times the injured worker indicated she felt great in the morning. However some days the injured worker indicated the last dose was too strong. The injured worker as utilizing ketoprofen cream to rub in her back for pain relief and indicated it was helpful and she was able to get immediate pain relief, allowing her to lay down. The injured worker complained of constipation with narcotics. The injured worker had a crushed coccyx which required surgery in 2011. The injured worker was treated with trigger point injections and an epidural. The injured worker was found to have lumbar disc herniation, with tears to the spinal cord. The injured worker indicated she was unable to sit or stand, and with padding she was able to sit and stand for 15 minutes. The injured worker's current medications were noted to include baclofen and Topiramate. The injured worker had sensitivity to latex and hydrocodone. The physical examination revealed the injured worker was in distress and moaned occasionally when trying to move. The injured worker could not get in a comfortable position. The entire spine was noted to be tender, including the thoracic, cervical, and lumbar spine. The injured worker had tenderness at the SI joint. Diagnoses included lumbar disc disease, thoracic sprain,

lumbar radiculopathy, and coccyx fracture. The request was made for a refill of the ketoprofen cream. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 08/15/14, Keto;Cyclo;Caps;Menth;Camp;Lipoderm base compound 30gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Capsaicin; Topical Ketoprofen; Salicylate Topicals; Topical muscle r.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety 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. Ketoprofen is not currently FDA approved for a topical application, Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines support the use of topical salicylates. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors, as the requested medication contains multiple components that are not recommended and, as such, the guidelines do not recommend the use of the components. The request as submitted failed to indicate the frequency for the requested medication and the body part to be treated. Given the above, the request for Retrospective for date of service 08/15/14, Keto;Cyclo;Caps;Menth;Camp;Lipoderm base compound 30gm is not medically necessary.