

Case Number:	CM14-0189672		
Date Assigned:	11/20/2014	Date of Injury:	11/06/2013
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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 Neurology, 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:

The Injured Worker (IW) is a 46 year-old right-handed female with a date of injury recorded as 11/6/2013. The mechanism of injury is described as a pull/strain in the low back while lifting a 40-pound box from floor to table level as she worked in a warehouse. One day later she experienced severe pain in her low back; one week post-event she reported radiating pain and numbness to her right lower extremity. Current pain complaints range from 4 to 9 on a 1 - 10 scale. An X-ray of lumbar spine obtained on 7/31/2014 showed mild dextro-convex scoliosis, which could not be determined to be real versus positional and degenerative superior endplate osteophytes noted bilaterally at L5. Physical examination of lumbar spine and lower extremities reported on 7/31/2014 is primarily normal with note only that range of motion is decreased in all planes tested of lumbar spine and in the right ankle. Sensory and neurological examinations reported on 7/31/2014 and 9/19/2014 is normal. The Primary Treating Physician's diagnosis is right lumbar spine radiculitis with degenerative osteophytes at L5. The IW also has hypertension and reports anxiety, panic, insomnia and depression. The IW has received chiropractic care, which she has reported as mildly helpful for her pain complaints. Prescription medications include atenolol, Relafen, and Tramadol. A request for a compounded topical analgesic "CycloKetoLido cream" consisting of Cyclobenzaprine, Ketoprofen, and Lidocaine was requested on 9/3/2014 and was subsequently denied in a Utilization Review dated 10/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CycloKetoLido Cream PRN 240gm Refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request is for a compounded topical analgesic, Cyclo-Keto-Lido cream, consisting of Cyclobenzaprine (a muscle relaxant), Ketoprofen (a non-steroidal anti-inflammatory agent), and Lidocaine (an analgesic indicated for treatment of localized, peripheral pain). It is the PTP's supposition that the pain complaints are neuropathic (i.e., lumbar root pain) in etiology. The MTUS Guidelines state that topical analgesics are primarily recommended for the treatment of neuropathic pain where trials of antidepressants and anticonvulsants have failed. In this case, the documentation provided does not indicate a history of failed first-line therapeutic agents (e.g., tri-cyclics/SNRIs or gabapentin) which might warrant the trial of a topical analgesic. Further, the MTUS specifies that any compounded product consisting at least one drug or drug class that is not recommended shall not be recommended (page 111). In this particular case, none of the three agents as requested can be recommended: 1) Cyclobenzaprine is a muscle relaxant, and the MTUS specifies that there is not enough clinical evidence to recommend these agents in topical applications (page 113); 2) Ketoprofen is not FDA-approved for topical application (page 112), it should further be noted there is little evidence to support the use of topical NSAIDs to treat osteoarthritis of the spine, and is not recommended to use these agents to treat neuropathic pain (page 112); and 3) Lidocaine in any formulation other than the commercially available FDA-approved Lidoderm patch is not approved for neuropathic pain, with the FDA warning health professionals about the potential risks of topical Lidocaine especially for applications over large areas (page 112). While any one of the three reasons above is sufficient to warrant non-certification of the requested compounded cream, it should be additionally noted that the treatment plans included for this review are insufficient to include the purpose or specific pain-complaint for which the cream was intended to address, whether low back or right-lower extremity symptomology. In any case, the compounded cream is inappropriate to the patient's pain complaints, and medical necessity cannot be established based on the inclusion of any one of the three so-requested agents.