MAXIMUS Federal Services

Case Number:	CM14-0192590		
Date Assigned:	11/26/2014	Date of Injury:	06/25/2013
Decision Date:	01/16/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/18/2014

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 Medicine and is licensed to practice in Texas & Florida. 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 patient was a 59 year old female who was injured on 6/25/2013. The diagnoses are neck, right shoulder, bilateral knee and low back pain. The MRI of the lumbar spine showed multilevel disc bulge and spondylosis. The patient was diagnosed with grade II chondromalacia. The patient completed PT, TENS unit use and arthroscopic knee surgery. On the 10/9/2014 initial evaluation report, [redacted] noted that the chief complaint was low back pain. It was noted that the patient complained of nausea associated with eth use of tramadol. Motrin was added to the medication regimen in July, 2014. A Utilization Review determination was rendered on 10/23/2014 recommending non-certification for Ketoprofen 10% / Cyclobenzaprine 3% / Lidocaine 5% 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5%, 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when first line anticonvulsant and antidepressant medications have failed. The guidelines recommend that topical medications be tried and evaluated individually. The records did not indicate that the patient was diagnosed with neuropathic pain or that first line medications have failed. There is lack of FDA or guideline support for the use of topical formulation of Cyclobenzaprine. The use of topical Ketoprofen is associated with photodermatitis reaction. The criteria for the use of Ketoprofen 10% / Cyclobenzaprine 3 % / Lidocaine 5% 120mg was not met, therefore, this request is not medically necessary.