

Case Number:	CM14-0194688		
Date Assigned:	12/02/2014	Date of Injury:	03/13/2013
Decision Date:	01/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/20/2014

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. 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 is a 43 year old who was injured on 3/13/2013. The diagnoses are neck strain, shoulder pain, lumbar radiculopathy, right knee and ankle pain. The 2014MRI of the lumbar spine showed multilevel disc bulge, annular tear, facet arthropathy, foraminal narrowing and contact with nerve roots. An EMG/NCV dated 9/30/2014 showed chronic bilateral L5 radiculopathy. On 10/28/2014, [REDACTED] noted subjective complaint of right ankle pain. The hand written note was brief and not legible. There was no detail of medication management or objective findings of neuropathic pain. On 10/31/2014, [REDACTED] re-evaluated the patient following right knee injections. The patient was noted to have residual knee pain. There is a past history of right ankle fusion and right knee menisectomy. The records did not show that the patient failed anticonvulsant and antidepressant neuropathic medications. A Utilization Review determination was rendered on 11/11/2014 recommending non certification for topical ketop/cyclo 20%/2% gel #60 and Flur/cyclo/caps/lido 10%/2%/0.125%/1% #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketop/Cyclo 20% / 2% gel #60: Upheld

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

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 products can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications have failed. The records did not show that the patient was diagnosed with localized neuropathic pain. The patient is being treated for chronic pain located in multiple skeletal joints. There is no documentation that the patient failed first line neuropathic medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. There is lack of guidelines or FDA support for the use of cyclobenzaprine in topical formulation. The use of topical ketoprofen is associated with the development of photo dermatitis. The criteria for the use of ketop/cyclo 20%/2% gel #60 was not met.

Flur/Cyclo/Caps/Lido 10%/ 2%/ 0.125%/1% #120: Upheld

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

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 products can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications have failed. The records did not show that the patient was diagnosed with localized neuropathic pain. The patient is being treated for chronic pain located in multiple skeletal joints. There is no documentation that the patient failed first line neuropathic medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. Topical products that are combined with any non recommended medication is not guidelines supported. There is lack of guidelines or FDA support for the use of cyclobenzaprine in topical formulation. The criteria for the use of Flur/cyclo/caps/lido 10%/2%/0.125%/1% #120 was not met.