

Case Number:	CM14-0194904		
Date Assigned:	12/02/2014	Date of Injury:	02/02/2001
Decision Date:	01/15/2015	UR Denial Date:	11/14/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62 year old female with an injury date of 02/02/01. The 09/25/14 report states that the patient presents with significant lower back pain radiating to the legs with some numbness and tingling. Examination shows that arising is accomplished with difficulty and pain. Palpation of the lumbar spine reveals tenderness and spasm. Supine and active straight leg rising are positive at 60 degrees on the right. The patient's diagnoses include: 1. Clinical evidence of disc herniation of the lumbar spine at L5-S1 level 2. Displacement of thoracic of lumbar intervertebral disc without myelopathy (11/20/14 report) 3. Lumbar or lumbosacral intervertebral disc (11/20/14 report) 4. Lumbago (11/20/14 report) The utilization review being challenged is dated 11/14/04. Reports were provided from 05/01/14 to 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

KeraTek Gel 4 Oz bottle: 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 Page(s): 111.

Decision rationale: The patient presents with significant lower back pain radiating to the legs with numbness and tingling sensation. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. The treater states this medication is recommended as a first line therapy for chronic pain. However, MTUS states the medication is indicated for peripheral joint/arthritis tendinitis which is not present in this patient. The request is not medically necessary.

Flurb/Cycle/Menth Cream 10%/4% 180mg: 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 Page(s): 111.

Decision rationale: The patient presents with significant lower back pain radiating to the legs with numbness and tingling sensation. The treater requests for Flurb/Cycle/Menth Cream 10%/4% 180 mg. per 11/06/14 RFA. MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The treater states that transdermal Flurbiprofen has shown to be statistically significant in reducing severity of pain. However, the requested topical cream is compounded with Cyclobenzaprine which is not supported for topical formulation. Therefore, the request is not medically necessary.