

Case Number:	CM15-0000617		
Date Assigned:	01/12/2015	Date of Injury:	11/27/2010
Decision Date:	03/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/02/2015

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 female, who sustained an industrial injury on 11/27/2010. She has reported low back pain. The diagnoses have included multiple HNPS of the lumbar spine, lumbar radiculopathy, lumbar facet arthropathy, left knee arthralgia and right knee arthralgia. Treatment to date has included chiropractic therapy, acupuncture, and medical branch block at L3-L4, L4-L5 and pain medication Tylenol and over the counter cream. Currently, the IW complains of ongoing low back pain with pins and needles sensation, bilateral leg complaints, and right neck pain. Treatment plan included Topical Ketoprofen 20% Caps .05% + Cyclo 4%. On 12/03/2014 Utilization Review non-certified Topical Ketoprofen 20% Caps .05% + Cyclo 4%. The MTUS Guidelines were cited. On 01/02/2015 the injured worker submitted an application for IMR for review of Medication - Topical Ketoprofen 20% Caps .05% + Cyclo 4%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%/Capsaicin 0.5% + Cyclobenzaprine 4%: 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): 111-113.

Decision rationale: The 66 year old female patient, date of injury 11/27/10 presents with pain in both knees radiating to her toes rated at 6/10. The request is for KETOPROFEN 20% / CAPSAICIN 0.5% + CYCLOBENZAPRINE 4%. The request for authorization is not available. The patient is status-post right knee surgery 2003. The patient has had 3 orthovisc injections with minimal relief. Patient has had steroid injections which provided her with 75% relief. Patient has had 25 sessions of chiropractic therapy, 24 sessions of acupuncture and 15 sessions of post op therapy. Patient continues to walk daily but unable to for prolonged periods of time as it feels her knee is going to give out on occasion. X-ray of the right knee 09/31/11 shows 2mm of space in medial and patellofemoral compartments and right knee osteoarthritis. X-ray of the left knee 09/31/11 shows 3mm of space in the medial compartment, 2mm of space in the patellofemoral compartment and left knee osteoarthritis. MRI of the right knee 02/03/11 shows medial meniscus exhibiting abnormal signal and pathology and tricompartmental osteoarthritis. MRI of the left knee 09/23/11 shows posterior horn medial meniscal tear to inferior surface and body medial meniscus with posteromedial parameniscal cyst formation, patellofemoral degenerative change is evident. Patient is on modified work duty, P&S. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater has not provided reason for the request. Review of reports shows documentation that patient presents with osteoarthritis, for which NSAID portion of the lotion would be indicated according to MTUS guidelines. However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.