

Case Number:	CM15-0018385		
Date Assigned:	02/09/2015	Date of Injury:	05/13/2007
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/30/2015

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, Arizona

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 56-year-old male who reported an injury on 10/28/2008 after loading plastic dispensers when a lid slid and hit the injured worker's knee. The injured worker reportedly sustained an injury to his low back and bilateral knees. The injured worker ultimately developed chronic pain that was treated with medications. The injured worker was evaluated on 08/20/2014. It was documented that the injured worker's medications included paroxetine 40 mg, amlodipine 10 mg, benazepril 40 mg, Flonase spray, ibuprofen, ranitidine, and Aldactone. Objective findings included 1 to 2+ pretibial edema in the left lower extremity below the knee and tenderness to the left calf to light palpation. It was determined that the patient had developed an occlusion of the left popliteal vein. The Request for Authorization was made for Pradaxa 150 mg and moderation compression thigh high stockings. However, no justification for the requested topical analgesic was submitted. No Request for Authorization to support the request was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Lidocaine/Cyclobenzaprine (dosage/frequency unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medication Page(s): 111-112.

Decision rationale: The requested ketoprofen/lidocaine/cyclobenzaprine (dosage/frequency unknown) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend cyclobenzaprine as a topical analgesic as there is little scientific evidence to support the efficacy and safety of this medication. California Medical Treatment Utilization Schedule does not recommend the use of lidocaine in a gel or cream formulation as it is not FDA approved to treat neuropathic pain. California Medical Treatment Utilization Schedule does support the use of ketoprofen in a topical formulation if the injured worker is intolerant of oral non-steroidal anti-inflammatory drugs or when those drugs are contraindicated. The clinical documentation submitted for review does not provide any support that the injured worker is not able to tolerate non-steroidal anti-inflammatory drugs. The injured worker's medication list includes a non-steroidal anti-inflammatory drug that is taken orally. Therefore, the use of this medication in a topical formulation would not be supported. California Medical Treatment Utilization Schedule recommends that any medication that contains 1 drug or drug class that is not recommended. Furthermore, the request as it is submitted does not clearly identify a dosage, frequency, or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested ketoprofen/lidocaine/cyclobenzaprine (dosage/frequency unknown) is not medically necessary or appropriate.