

Case Number:	CM15-0137691		
Date Assigned:	07/27/2015	Date of Injury:	02/11/2015
Decision Date:	09/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/16/2015

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, Hawaii
 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 33 year old male, who sustained an industrial injury on 02/11/2015. The injured worker is currently temporarily partially disabled. The injured worker is currently diagnosed as having protrusions at T7-T8 and T8-T9 with ventral impression on the thecal sac and possible myelomalacia, myoligamentous sprain/strain of the lumbosacral spine, and L5-S1 herniated nucleus pulposus. Treatment and diagnostics to date has included physical therapy and use of medications. In a progress note dated 05/29/2015, the injured worker presented with complaints of back pain rated 5-6/10 on the pain scale. Objective findings include decreased lumbar spine range of motion, positive Kemp's test bilaterally, weakness in the bilateral gastrocnemius and peroneus longus muscles, and slight sensory deficit noted over the bilateral S1 dermatomes. The treating physician reported requesting authorization for Flurbiprofen cream, Ketoprofen/Ketamine cream, and Gabapentin/Cyclobenzaprine/Capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain affecting the mid back and low back with radiation to the bilateral lower extremities. The current request is for Flurbiprofen 20% cream 120gm. The treating physician report dated 6/5/15 (10C) states; the patient will also be given a prescription for topical cream medications for pain, muscle spasm and inflammation. The MTUS guidelines page 111 regarding topical NSAIDs states, Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). The medical reports provided do not show that the patient has been prescribed this topical compound previously. In this case, the patient presents with pain affecting the mid and low back and the MTUS guidelines only support topical NSAIDs for the treatment of Osteoarthritis of the knee or other joints that are amenable to topical treatment. The current request does not satisfy the MTUS guidelines as outlined on pages 111-113. The current request is not medically necessary.

Ketoprofen 20%, Ketamine 10% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain affecting the mid back and low back with radiation to the bilateral lower extremities. The current request is for Ketoprofen 20%, Ketamine 10% cream 120gm. The treating physician report dated 6/5/15 (10C) states; the patient will also be given a prescription for topical cream medications for pain, muscle spasm and inflammation. The MTUS guidelines page 111 regarding topical NSAIDs states, Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). The medical reports provided do not show that the patient has been prescribed this topical compound previously. In this case, the patient presents with pain affecting the mid and low back and the MTUS guidelines only support topical NSAIDs for the treatment of Osteoarthritis of the knee or other joints that are amenable to topical treatment. The current request does not satisfy the MTUS guidelines as outlined on pages 111-113. The current request is not medically necessary.

Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain affecting the mid back and low back with radiation to the bilateral lower extremities. The current request is for Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120gm. The treating physician report dated 6/5/15 (10C) states; the patient will also be given a prescription for topical cream medications for pain, muscle spasm and inflammation. Regarding compounded topical analgesics MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines go on to state, Gabapentin: Not recommended. There is no peer-reviewed literature to support use. In this case Gabapentin is not recommended in the MTUS guidelines and therefore the entire topical compound is not recommended. The current request is not medically necessary.