

Case Number:	CM15-0138415		
Date Assigned:	07/29/2015	Date of Injury:	06/10/2008
Decision Date:	09/24/2015	UR Denial Date:	07/01/2015
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
 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 36 year old male who sustained an industrial injury on 06-10-2008 resulting in injury to the low back and right shoulder after slipping and falling off a truck. Treatment provided to date has included: physical therapy; injections; medications (including topical creams and oral medications); lumbar spine fusion surgery; and conservative therapies and care. Diagnostic tests performed include: x-rays, MRIs and left lower extremity electromyogram. The dates and results of these tests were not discussed. There were no noted comorbidities or other dates of injury noted. On 06-25-2015, physician progress report noted complaints of low back pain with radiculopathy. This report was hand written and difficult to decipher. However, diagnoses included shoulder sprain, aftercare following surgery for injury and trauma, sciatica, and sleep disturbances. The injured worker's work status was noted to be temporarily totally disabled. A previous progress report, dated 05-12-2015, reported complaints of low back pain that is increased with pushing pulling, lifting, sitting and standing. There was no pain rating, and no description of the pain mentioned on this report or report dated 06-25-2015. The injured worker was reportedly not taking any medications at that time. The physical exam revealed a well healed surgical scar in the lumbosacral region, normal facet joint exam, painful flexion and extension of the lumbar spine, some noted tenderness in the lumbar paraspinal muscles bilaterally, positive straight leg raises bilaterally, normal sensation and reflexes in the bilateral lower extremities, and normal range of motion in both knees. The provider noted diagnoses of sleep disorder, low back pain with sciatica and numbness in the lower extremities, and status post spinal fusion. Plan of care included recommendation for

chronic pain management, recommended urine toxicology for baseline of medications, physical therapy recommendation, recommended caudal block, new prescriptions for cyclobenzaprine, Lunesta, Vicodin, and a transdermal cream, recommended CT scan to rule out anatomical abnormality, and follow-up in six weeks for re-evaluation. The request for authorization and IMR (independent medical review) includes: a compounded topical analgesic cream consisting of 20% Ketoprofen, 2% Lidocaine and 2% tramadol quantity: 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Lidocaine/Tramadol 20%/ 2%/ 2% cream quantity: 60: Upheld

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

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

Decision rationale: The patient presents on 05/12/15 with unrated lower back pain. The patient's date of injury is 06/10/08. Patient is status post lumbar spinal fusion on 06/03/11. The request is for Ketoprofen/Lidocaine/Tramadol 20%/2%/2/% cream quantity 60. The RFA is dated 06/22/15. Physical examination dated 05/12/15 reveals tenderness to palpation of the lumbar spine, and positive straight leg raise test bilaterally. The patient is not currently prescribed any medications. Patient's current work status is not provided. MTUS Topical Analgesics section, page 111-113 has the following under Non-steroidal anti-inflammatory agents (NSAIDs) states: "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)... there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder.?" Under Lidocaine Indication: Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy - tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica... Recommended for localized peripheral pain," Regarding topical compounded creams on pg 111 guidelines state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the compounded topical cream containing Ketoprofen, Lidocaine, and Tramadol the requested cream is not supported by MTUS guidelines. Topical NSAIDs are only supported for peripheral complaints, this patient presents with lower back pain. MTUS guidelines do not support Tramadol in topical formulations. Lidocaine is supported in patch form alone, but only for localized neuropathic pain - not non-specific lower back pain. Guidelines also state that any topical compounded cream which contains an unsupported ingredient is not indicated. Hence, this request is not medically necessary