

Case Number:	CM15-0039397		
Date Assigned:	03/09/2015	Date of Injury:	06/09/2008
Decision Date:	04/13/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 6/9/2008. The mechanism of injury and initial complaint was not provided for review. Diagnoses include muscle spasm, lumbosacral herniated nucleus pulposus and lumbar strain. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 1/26/2015 indicates the injured worker reported low back pain, insomnia and fatigue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

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

Decision rationale: This 33 year old male has complained of low back pain since date of injury 6/9/08. He has been treated with physical therapy and medications. The current request is for

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% 120gm. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% 120gm is not indicated as medically necessary.

Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

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

Decision rationale: This 33 year old male has complained of low back pain since date of injury 6/9/08. He has been treated with physical therapy and medications. The current request is for Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% 120gm. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% 120gm is not indicated as medically necessary.