

Case Number:	CM15-0054907		
Date Assigned:	03/30/2015	Date of Injury:	02/04/2003
Decision Date:	05/06/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/23/2015

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 56-year-old male, who sustained an industrial injury on 02/04/2003. Currently, the injured worker complains of constant severe neck pain with radiation to the bilateral upper extremities with associated numbness and tingling sensation, constant severe back pain with radiation to the bilateral lower extremities with associated numbness and tingling sensation, anxiety, stress and insomnia. The injured worker reported that his condition was not improving. His current medications included topical creams. Diagnoses included spinal stenosis at L4-L5 lateral recess, degenerative disc disease at L3-L4, L4-L5 and L5-S1 with facet arthrosis, no instability, and balance issues unexplained etiology, cervical spine sprain/strain rule out herniated nucleus pulposus and thoracic spine sprain/strain rule out herniated nucleus pulposus. Treatment plan included continuation of home exercise program and topical analgesics.

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, Non-steroidal anti-inflammatory agents.

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

Decision rationale: The patient has severe neck and low back pain, with associated pain, numbness and tingling in the upper and lower extremities bilaterally with insomnia. The current request is for Flurbiprofen 20% cream 120gm. CA MTUS under Topical Analgesics, NSAIDS, page 111 states; NSAIDs are effective for peripheral joint arthritis/tendinitis. In this case, the patient does not present with peripheral joint arthritis or tendinitis for which topical NSAIDs are indicated. The guidelines state that this medication is not indicated for spine, hip and shoulder. Furthermore, the reports provided do not discuss the benefit of this medication to the patient. As such, recommendation for the 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, Non-steroidal anti-inflammatory agents.

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

Decision rationale: The patient has severe neck and low back pain, with associated pain, numbness and tingling in the upper and lower extremities bilaterally with insomnia. The current request is for Ketoprofen 20%/ Ketamine 10% cream 120gm. MTUS Topical Analgesics Pages 111-112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Ketoprofen and Ketamine are not supported for topical formulation. MTUS clearly states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the recommendation for the 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, Non-steroidal anti-inflammatory agents.

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

Decision rationale: The patient has severe neck and low back pain, with associated pain, numbness and tingling in the upper and lower extremities bilaterally with insomnia. The current request is for Gabapentin 10%/ Cyclobenzaprine 10%/Capsaicin .0375% cream 120gm. MTUS page 111 also states that if one of the components of a compounded product is not indicated then the entire compounded product is not. In this case, cyclobenzaprine and Gabapentin are not supported for topical formulation for spine pain. As such, recommendation for the request is not medically necessary.

