

Case Number:	CM15-0084117		
Date Assigned:	05/06/2015	Date of Injury:	09/10/2012
Decision Date:	06/08/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 47 year old male, who sustained an industrial injury on 09/10/2012. The initial complaints or symptoms included weakness and numbness in the bilateral lower extremities and difficulty with ambulation requiring urgent surgery. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, ultrasound, electrodiagnostic testing, cervical decompression surgery, and injections. Currently, the injured worker complains of low back pain with minimal leg pain, and coldness and swelling in the left leg. Current medications include Topamax, trazodone, tramadol, diclofenac topical cream, and Norflex. The diagnoses include sciatica, cervical post laminectomy syndrome, disorders of the sacrum, lumbar spinal stenosis. The request for authorization included topical medication (Flurbiprofen 20% cream, Ketoprofen 20% cream, Ketamine 10% cream, Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0/.0375% cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Flurbiprofen 20% cream, Ketoprofen 20% cream, Ketamine 10% cream, Gabapentin 10%/Cyclobenzaprine 10%/Cap saicin 0/.0375% cream: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. The compounded product drugs are not recommended as topical analgesic by MTUS guidelines. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Flurbiprofen 20% cream, Ketoprofen 20% cream, Ketamine 10% cream, Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0/.0375% cream is not medically necessary.