

Case Number:	CM13-0035847		
Date Assigned:	12/13/2013	Date of Injury:	10/20/2010
Decision Date:	02/10/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 43 year-old female with stated date of injury of 10/20/2010 to the lumbar spine. She had fusion of L4-5, followed by hardware removal. She also has diagnosis of bilateral S1 radiculopathy. Per the 4/10/13 AME re-eval, the claimant has complaints of low back pain radiating on occasion down the right knee. Exam revealed tenderness at the midline, both posterior superior iliac spines and right SI joint and guarding to the muscles on the right side. Diagnoses include neurological studies revealed mild evidence of SI radiculopathy, MRI evidence of IA/L5 arthrodesis and laminectomy defect, history of three separate work related injuries and s/p removal of hardware on 10/12.. In the medical report from the treating physician dated June 25, 2013, it was stated that : The patient has persistent pain of the low back. She has neck pain that is aggravated by repetitive motions of the neck I prolonged positioning of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The symptomatology in the patient's left shoulder is essentially unchanged. At issue is the retrospective request by the pharmacy for Flur/Cyclo/Caps/Lid and Ketop/Lidoc Cap/Tram, #120, 9/10/2013, which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro pharmacy, Flur/Cyclo/Caps/Lid and Ketop/Lidoc Cap/Tram, #120, 9/10/2013:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 to 113 of 127.

Decision rationale: Chronic Pain Medical Treatment Guideline, MTUS (Effective July 18, 2009) Topical Analgesics section pages 111-113 of 127 states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000). Cyclobenzaprtne is mentioned for use only as an oral agent: page 64 of 127. It is generally not recommended also in accordance with page 113 of the California MTUS Chronic Pain Medical Treatment Guidelines which does not recommend the use of any muscle relaxants as a topical product . Therefore the request for retro pharmacy approval of , Flur/Cyclo/Caps/Lid and Ketop/Lidoc Cap/Tram, #60, 9/10/2013, is not medically necessary.

Retro pharmacy, Flur/Cyclo/Caps/Lid and Ketop/Lidoc Cap/Tram, #60, 9/10/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 to 113 of 127.

Decision rationale: Chronic Pain Medical Treatment Guideline, MTUS (Effective July 18, 2009) Topical Analgesics section pages 111-113 of 127 states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000). Cyclobenzaprtne is mentioned for use only as an oral agent: page 64 of 127. It is generally not recommended also in accordance with page 113 of the California MTUS Chronic Pain Medical Treatment Guidelines which does not recommend the use of any muscle relaxants as a topical product . Therefore the request for retro pharmacy approval of , Flur/Cyclo/Caps/Lid and Ketop/Lidoc Cap/Tram, #60, 9/10/2013, is not medically necessary.