

Case Number:	CM14-0116577		
Date Assigned:	09/08/2014	Date of Injury:	02/15/2011
Decision Date:	12/31/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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/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:

According to the records made available for review, this is a 48-year-old female with a 2/15/11 date of injury. At the time (6/13/14) of the request for authorization for Cyto/keto/Lido cream 240gm (1 refill) and Methyl-C cream 120gm (1 refill), there is documentation of subjective (lumbar spine pain is better, radiculopathy bilateral lower extremity, right hip pain much better) and objective (antalgic gait, tenderness lumbar and lumbar-sacral) findings, current diagnoses (status post lumbar fusion L4 and L5, right hip sprain/strain improved, and right groin pain improved), and treatment to date (medication). Regarding Methyl-C cream 120gm (1 refill), there is no documentation that trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyto/Keto/Lido cream 240gm (1 refill): Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen,

lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post lumbar fusion L4 and L5, right hip sprain/strain improved, and right groin pain improved. However, the requested Cyto/Keto/Lido cream 240gm (1 refill) contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Cyto/Keto/Lido cream 240gm (1 refill) is not medically necessary.

Methyl-C cream 120gm (1 refill): Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of status post lumbar fusion L4 and L5, right hip sprain/strain improved, and right groin pain improved. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Methyl-C cream 120gm (1 refill), is not medically necessary.