

Case Number:	CM14-0119452		
Date Assigned:	08/06/2014	Date of Injury:	05/27/2013
Decision Date:	10/09/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 36 year old male who reported a date of injury of 05/21/2014. The mechanism of injury was not indicated. The injured worker had diagnoses of lumbar and thoracic spine strain. Prior treatments and surgeries were not indicated within the medical records provided. The injured worker had an x-ray of the lumbar spine and an MRI of the lumbar spine on 06/23/2014. The injured worker had complaints of low back pain with radiation to his legs, with numbness, tingling and weakness of the legs. The clinical note dated 06/12/2014 noted the injured worker's range of motion of the thoracolumbar spine showed 70 degrees of forward flexion with pain and difficulty arising, 40 degrees of lateral bending with pain and 40 degrees of extension with pain. The injured worker had tenderness to palpation of the lumbar spine with spasms, a positive supine straight leg raise test, and decreased sensation to light touch of the dorsal aspect of the left foot. Medications included Hydrocodone, Diclofenac sodium and Orphenadrine. The treatment plan included Hydrocodone, Diclofenac sodium and Orphenadrine and the physician's recommendation for an MRI of the lumbar spine and physical therapy. The rationale was not indicated within the medical records received. The request for authorization form was received on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/cyclo/meth cream 20%/10%/ 4% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Flurbiprofen/cyclo/meth cream 20%, 10%, 4% 180gm is not medically necessary. The injured worker had complaints of low back pain with radiation to his legs, with numbness, tingling and weakness of the legs. The California MTUS guidelines indicate topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note any compounded product that contains at least one drug that is not recommended is not recommended. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use of 4-12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. There is no evidence for use of any other muscle relaxant as a topical product. There is a lack of documentation indicating the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint that is amenable to topical treatment. The guidelines do not recommend the use of muscle relaxants for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Furthermore, there is a lack of documentation the injured worker failed a first-line treatment with antidepressants and anticonvulsants recommended by the guidelines. Additionally, the request as submitted did not specify a frequency of use or a specific site of application for the requested medication. As such, the request is not medically necessary.

Keratek Gel methyl salicylate/ menthol 4oz. bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation daily med/look up: online Keratek

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate Topicals Page(s): 111-113; 105.

Decision rationale: The request for Keratek gel methyl salicylate/menthol 4oz. bottle is not medically necessary. The injured worker had complaints of low back pain with radiation to his legs, with numbness, tingling and weakness of the legs. The California MTUS Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note topical salicylate is significantly better than placebo in chronic pain. The injured worker did have complaints of numbness and tingling of the legs, however, there is a lack of documentation indicating the injured worker has neuropathic pain indicating the use of topical analgesics such as Keratek. There is a lack of documentation the injured worker failed first-line treatments with antidepressants and anticonvulsants. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the request as submitted did not specify a frequency of use or a specific site of application for the requested medication. As such, the request is not medically necessary.

