

Case Number:	CM14-0125595		
Date Assigned:	08/11/2014	Date of Injury:	02/19/2014
Decision Date:	09/19/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 47-year-old female with a reported date of injury on 02/19/2014. The mechanism of injury was noted to be cumulative trauma. Her diagnoses were noted to include cervical radiculopathy, bilateral shoulder sprain/strain, bilateral wrist sprain/strain, rule out carpal tunnel syndrome, and lumbar spine sprain/strain. Her previous treatments were noted to include chiropractic care, acupuncture, and medications. The progress note dated 07/11/2014 revealed complaints of constant sharp pain to the cervical spine rated 8/10. The injured worker complained of having to constantly change positions to decrease the pain. The injured worker complained of radiculopathy to the right upper extremity. The injured worker complained of constant numbness to the right hand and weakness. The injured worker complained of lumbar spine pain that was pressure-like. The physical examination was noted to have guarding to the right wrist and there was tenderness noted to the lumbar spine and a positive straight leg raise to the left lower extremity. There was tenderness noted to the cervical spine and spasming. The special tests performed noted positive Phalen's and Tinel's. The wrist range of motion was noted to be full. The request for authorization was not submitted within the medical records. The request was for Cyclo-Keto-Lido cream 240gm and Urine Drug Test, however the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo - Keto - Lido cream 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The injured worker complains of neck, back, shoulder, and extremity pain. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state the efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 weeks to 12 weeks. In this study, the effect appeared to diminish over time, and it was stated further research was needed to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. The guidelines' indications for topical NSAIDs are osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment for short term use (4 weeks to 12 weeks). Ketoprofen is not FDA approved for topical application. The guidelines' indication for topical Lidocaine is neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended, and Ketoprofen is not FDA approved for topical application and topical Lidocaine is indicated only in a Lidoderm patch form. The guidelines state any muscle relaxant is not recommended for topical treatment as there is no evidence for use. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Urine Drug Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: There is a lack of documentation regarding opioid medications to necessitate a urine drug screen. The California Chronic Pain Medical Treatment Guidelines state to use a drug screening or inpatient treatment for injured workers with issues of abuse, addiction, or poor pain control. The guidelines state to utilize frequent random urine drug screens for injured workers with high risk of opioid abuse. There is a lack of documentation regarding a medication regimen including opioids to necessitate a urine drug screen. Therefore, the request is not medically necessary.