

Case Number:	CM14-0141359		
Date Assigned:	09/10/2014	Date of Injury:	05/15/2012
Decision Date:	11/13/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/02/2014

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 Interventional Spine 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:

The patient is a 44-year-old female with a date of injury of 05/15/2012. The listed diagnoses per [REDACTED] are: 1. Lumbar spine sprain/strain with L5-S1 spondylolisthesis. 2. Cervical spine sprain/strain with bilateral lower extremity radiculopathy and central canal narrowing. 3. Right wrist sprain/strain, CTS. 4. Right ankle sprain/strain and pain. 5. Right foot sprain/strain and pain. According to progress report 04/04/2014, the patient presents with complaints of neck, low back, bilateral wrist, and right ankle/foot pain. The patient underwent a left L5-S1 and right L5-S1 transforminal epidural injection on 05/30/2014. Cervical spine pain is rated as 3/10 with numbness and tingling noted. The treater states that the patient has had an MRI of the cervical spine which revealed 2 mm disk protrusion at C5-C6 causing central canal narrowing. The patient also complains of bilateral wrist pain with numbness and tingling. The treater states that there was an EMG which revealed "positive for CTS." The patient is to return to modified duties with restrictions. The treater is requesting a refill of naproxen 550 mg #60 with 1 refill and a topical compound cream 240 gm. Utilization review denied the request on 07/30/2014. Treatment reports from 02/04/2014 through 04/14/2014 were reviewed.

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 #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Chronic Low back pain Page(s): 67-68.

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

Decision rationale: This patient presents with neck, low back, bilateral wrist, and right ankle/foot pain. The treater is requesting a topical compound cream that includes cyclobenzaprine, ketoprofen, and lidocaine 240 gm. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS Guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. Furthermore, Cyclobenzaprine is a muscle relaxant and not recommended in topical formulation. Recommendation is for denial.

Naproxen 550mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 22.

Decision rationale: This patient presents with complaints of neck, low back, bilateral wrist, and right ankle/foot pain. The treater is requesting refill of naproxen 550 mg #60 with 1 refill. For antiinflammatory medications, the MTUS Guidelines page 22 states "Antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Review of the medical file indicates the patient has been prescribed naproxen since at least 02/05/2014. Progress reports do not provide any discussion regarding this medication other than recommendation for refills. MTUS Guidelines page 60 requires documentation and pain assessment and functional changes when medications are use for chronic pain. Given the treater does not discuss pain reduction or functional improvement with this medication, recommendation for further use cannot be supported. Recommendation is for denial.