

Case Number:	CM14-0149152		
Date Assigned:	09/18/2014	Date of Injury:	01/29/2010
Decision Date:	11/05/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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 Emergency Medicine and is licensed to practice in 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 50-year-old male who reported an injury on 01/29/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar disc displacement; thoracic or lumbosacral neuritis or radiculitis, unspecified; and anxiety/depression. Past medical treatment consists of discogram, the use of a lumbar support, psych evaluations, physical therapy, and medication therapy. Medications consist of topical analgesics, Anaprox, Prilosec, Ultram, Xanax, and Norco. On 03/20/2014, the injured worker complained of low back pain. It was noted on physical examination that the injured worker had decreased range of motion. Straight leg raise was positive. There was tenderness to palpation of the lumbar spine with spasm and tightness. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (3/27/2014) for Ketoprofen/Cyclobenzaprine/Lidocaine; Flurbiprofen/Capsaicin/Menthol/Camphor: Upheld

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

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

Decision rationale: The request for retrospective ketoprofen/cyclobenzaprine/lidocaine; Flurbiprofen/capsaicin/menthol/camphor is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines also state that capsaicin is recommended only as an option for injured workers who have not responded or are intolerant to other treatments. According to MTUS, Lidoderm patch is the only topical form of lidocaine approved. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the topical analgesic had helped with any functional deficits the injured worker might have had. There is also no indication in the submitted documentation that the injured worker had not responded or was intolerant to any other treatments. Furthermore, there was lack of evidence of failed trial of antidepressants or anticonvulsants. The request as submitted did not indicate a dosage, frequency, or duration of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.