MAXIMUS Federal Services

Case Number:	CM14-0160770		
Date Assigned:	10/03/2014	Date of Injury:	08/23/2013
Decision Date:	11/04/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine, 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:

This is a 57 year-old female with a 8/23/13 date of injury after falling on her knees to the knees and L-spine. Exam records from 2013 and 2014 were used. The patient was seen on with complaints of low back and bilateral knee pain. Exam findings revealed a sharp pain in the right knee but is able to ambulate. Her pain she rates as a 6 at the worst and 1 at the best. Tenderness to palpation was not in the paraspinals of the L-spine with limited range of motion. The diagnosis is bilateral knee pain and L/S stain and strain with radiculopathy to the lower extremities, as well as a meniscal tear of the right knee. Straight leg raise was positive at 40 degrees, and there were some motor deficits in strength in knee flexion and extension Treatment to date: medications, PT, acupuncture, chiropractic therapy, cortisone injectionsAn adverse determination was received on 9/02/14 given the MTUS guidelines do not support topical cyclobenzaprine, ketoprofen, or lidocaine in a cream or lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical cream CycloKetoLido 240 grams with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics Section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is a lack of evidence in this patient of the efficacy of this compound. Her only medication is Tylenol and it is unclear why an oral medication would lot work in this patient, such as a neuropathic agent for her radiculopathy. In addition, all items in the compound cream contain are not supported per MTUS. Therefore, the request for Compound topical cream CycloKetoLido 240 grams with one refill was not medically necessary.