

Case Number:	CM14-0160775		
Date Assigned:	10/06/2014	Date of Injury:	07/21/1998
Decision Date:	11/06/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	09/30/2014

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 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 injured worker is a 50-year-old male who reported injury on 07/21/1998. The mechanism of injury was trauma to the low back. The diagnoses included lumbar radiculopathy, long term use of medication, therapeutic drug monitoring, and tobacco dependency. The past treatments included H-wave therapy and a home exercise program. An EMG, dated 10/09/2013, suggested chronic right L5 radiculopathy. A lumbar MRI, dated 10/24/2013, revealed moderate central stenosis at L5-S1, with a small midline protrusion and annular tear contacting the left L5 nerve roots, severe foraminal stenosis and root impingement at L3-4, with small midline protrusion, moderate central stenosis at L2-3, and severe discogenic disease at L1-2. The surgical history included a fusion at L4-5 in 2007. The progress note, dated 09/17/2013, noted the injured worker reported improvement of his paralysis, and complained of persistent low back pain, gastritis with medications, numbness to the bilateral lower extremities in the sciatic distribution, with weakness, and depression. The physical exam noted tenderness to palpation at L4-5, and the SI joints, range of motion to 70% of normal, and bilateral lower extremity strength rated 3/5. The current medications were listed as Norco 10/325 mg. The treatment plan recommended to refill Norco, continue Prozac, Lorazepam, Theramine and Sentra, and to continue the home exercise program. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen powder; compound medication (Ketoprofen, Gabapentin, Baclofen, Lidocaine, Cyclobenzaprine in Ultraderm cream), refills 3: 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): 110-112.

Decision rationale: The request for Ketoprofen powder; compound medication (Ketoprofen, Gabapentin, Baclofen, Lidocaine, Cyclobenzaprine in Ultraderm cream), refills 3 is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for short term (4 to 12 weeks) treatment of osteoarthritis of the knee or elbow, and specifically not for use on the spine, hip, or shoulder. Ketoprofen is not currently FDA approved for topical application, as it has an extremely high incidence of photo contact dermatitis. Gabapentin and Baclofen are not recommended for topical use, as there is no peer reviewed literature to support their use. Topical Lidocaine is recommended, in the form of a Lidoderm patch, for localized peripheral pain after evidence of a trial of first line therapies have failed. No other commercially approved topical forms of lidocaine are indicated for neuropathic pain. Cyclobenzaprine is not recommended for topical use. The injured worker had unrated pain to his low back, with numbness and weakness to his lower extremities, and gastritis due his medication use. As topical NSAIDs are not recommended for use on the spine; Gabapentin, Baclofen and Cyclobenzaprine are not recommended for topical use; topical lidocaine is only recommended in the form of the Lidoderm patch; and the request for 3 refills would likely exceed the guideline recommendation for short term treatment, the use of this compound medication is not recommended or supported at this time. Additionally, the request does not include the dose, frequency, or location intended for use to establish medical necessity. Given the above, the request is not medically necessary.