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| Case Number: | CM14-0165702 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 10/15/2009 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 10/08/2014 |

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 Internal 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 (IW) is a 56-year-old man with a date of injury of October 15, 2009 resulting in low back pain. Diagnosis is lumbar strain. The mechanism of injury was not provided. There is no diagnostic imaging provided. Pursuant to the most recent progress note dated September 19, 2014, revealed no change from previous visit. The IW presented with complaints of low back pain that is rated 8/10. Medications help a little bit, but when his body is cold he feels more pain. When the body is warm, the pain is improved. Objective findings include a negative review of system. Palpation revealed stiffness and tightness at L4-L5 and L5-S1 on the left side. Range of motion was within normal limits. Straight leg raise test was positive on the left in a sitting position at 45 degrees. Sensation was intact in all dermatomes. Treatment plan includes Norco, Tizanidine, K-Rub II cream for local application, home exercise program, and follow-up visits as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Ketoprofen, Cyclobenzaprine, Lidocaine, Baclofen, Ultrad x 30 day supply #120: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section; Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical ketoprofen, cyclobenzaprine, lidocaine, baclofen, Ultrad 30 day supply #120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support topical ketoprofen and ketoprofen is not FDA approved for topical application. Cyclobenzaprine topical is not recommended. In this case, topical compound contains baclofen and according to the guidelines there is no peer-reviewed literature to support the use of topical baclofen. Ketoprofen is not FDA approved and therefore not recommended. Topical cyclobenzaprine also is not recommended. Any compounded product that contains least one drug (or drug class) that is not recommended, is not recommended. Ketoprofen, cyclobenzaprine and ketoprofen are not recommended. Consequently, the topical compound containing topical Ketoprofe/Cyclobenz/Lidocaine/Baclofen/Ultra Day Supply: 30 Quantity: 120 with Zero Refills is not medically necessary.