

Case Number:	CM14-0091998		
Date Assigned:	07/25/2014	Date of Injury:	08/05/2012
Decision Date:	10/14/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee 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 58-year-old female with an 8/5/12 date of injury. A specific mechanism of injury was not described. According to a progress report dated 4/14/14, the patient described sharp low back pain that radiated into both lower extremities. She rated her pain as a 5. She stated that her low back pain was increased with prolonged sitting. There was some relief with medications and previously provided conservative therapy. Objective findings: full range of motion of neck, no crepitation with cervical motion, no tenderness in upper back, range of motion of lumbosacral spine restricted by 50%, spasm across lumbar spine, decreased sensation across the L5 distribution on the right side. Diagnostic impression: low back pain, bilateral lower extremity radiculopathy, secondary to disc protrusion and degenerative disc disease. Treatment to date: medication management, activity modification, physical therapy, and ESI (epidural steroid injection). A UR decision dated 5/13/14 denied the requests for Methyl Cream and Cyclo-Keto-Lido cream and modified the request for Ultracet #60 with 1 refill to #30 with zero refills for taper and discontinuation. Regarding Methyl cream and Cyclo-Keto-Lido cream, the records do not propose a rationale or mechanism of action regarding these medications as per MTUS, additionally, cyclobenzaprine and ketoprofen are not supported by MTUS for topical use. Regarding Ultracet, the records do not document the 4 A's of opioid management per MTUS to support ongoing opioid usage at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methyl Cream 240gm with one refill: 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): 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. The ingredients of Methyl cream are not documented in the reports provided for review. As a result, the medical necessity of this product cannot be established. Therefore, the request for Methyl Cream 240gm with one refill was not medically necessary.

Cyclo-Keto-Lido 240gm with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Guidelines do not support the use of NSAIDs (ketoprofen), cyclobenzaprine, or lidocaine in a topical cream or lotion formulation. A specific rationale identifying why this topical medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Cyclo-Keto-Lido 240gm with one refill was not medically necessary.

Ultracet 37.5, #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Therefore, the request for Ultracet 37.5, #30 with one refill was not medically necessary.