

Case Number:	CM15-0018936		
Date Assigned:	02/12/2015	Date of Injury:	06/08/2013
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 46 year old female who sustained an industrial injury on 06/08/13. She reports lumbar spine pain. Diagnoses include lumbar strain, and other illegible diagnoses. Treatment to date includes medications and physical therapy. In a progress noted dated 12/01/14 the treating provider recommends EMG/NCG, physical therapy, acupuncture, medications, medical foods, and topical creams. According to 1/5/15 clinic note which are hand written and fairly illegible, the provider writes that the patient complains of pain as well as insomnia and fatigue. On exam there was limited left knee range of motion and spasm. There is also decreased range of motion of lumbosacral spine. Straight leg raise was positive. Treatment plan is medication, urine drug screen, medical food, acupuncture and chiropractic treatment. On 01/21/15 Utilization Review non-certified Ketoprofen/cyclobenzaprine/lidocaine and Flurbiprofen/Capsaicin/Camphor topical creams, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ketoprofen 10 % Cyclobenzaprine 3% Lidocaine 5 %120 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 112-119.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Cyclobenzaprine is not recommended as a compounded agent as it can be safely taken orally. Consequently continued use of the above listed compounded agent is not supported at this time.

Retro Flurbiprofen 10 % Capsaicin 0.025 % Camphor 2 % 120 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 112-119.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Flurbiprofen is not recommended as a compounded agent as it can be safely taken orally as a generic NSAID. Consequently continued use of the above listed compounded agent is not supported at this time.