

Case Number:	CM15-0118764		
Date Assigned:	06/29/2015	Date of Injury:	08/30/2010
Decision Date:	07/30/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/19/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old male, who sustained an industrial injury on August 30, 2010, incurring upper and lower back injuries. He was diagnosed with cervical spine disc disease, cervical spine radiculopathy, lumbar spine disc disease, lumbar spine radiating, and lumbar spine facet syndrome. Treatment included physical therapy, pain medications, chiropractic sessions, home exercise program, topical analgesic creams, epidural steroid injection, and work restrictions and modifications. Currently, the injured worker complained of cervical spine pain and lumbar spine pain 9/10 on a pain scale of 1 to 10. He complained of persistent pain with numbness and tingling radiating into the upper and lower extremities. Upon examination, there was tenderness on palpation with cervical spasms. He complained of increased pain with range of motion. The treatment plan that was requested for authorization included a prescription for a topical analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream (Lidocaine/Ketoprofen/Baclofen/Imipramine/Salt Stable) quantity 15 days:
 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 analgesic Page(s): 111-113.

Decision rationale: Based on the 04/07/15 progress report provided by treating physician, the patient presents with cervical spine pain rated 10/10 that radiates to the bilateral upper extremities, and lumbar spine pain rated 9/10 with numbness and tingling travelling down bilateral lower extremities. The request is for Topical Cream (Lidocaine/Ketoprofen/Baclofen/Imipramine/Salt Stable) Quantity 15 days. RFA with the request not provided. Patient's diagnosis on 04/07/15 includes cervical and lumbar spine disc disease, cervical and lumbar spine radiculopathy, lumbar facet syndrome and chronic pain. Physical examination to the cervical spine on 04/07/15 revealed spasm and tenderness over paraspinal muscles extending to both trapezii. Positive axial head compression and Spurling's sign bilaterally. Decreased sensation in the C5, C6 and C7 dermatomes bilaterally. Examination of the lumbar spine revealed positive Kemp's, Straight leg raise and Farfan's tests bilaterally. Treatment included physical therapy, chiropractic, home exercise program, epidural steroid injection, work restrictions and modifications, medications and topical creams. Patient's work status not provided. Treatment reports provided from 07/16/14 - 04/08/15. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Progress report with the request or RFA were available. Medical rationale for the request not provided. Nonetheless, the requested topical compound contains Ketoprofen, which is not currently FDA approved for topical application, per MTUS. The requested topical also contains Lidocaine and Baclofen which are not supported for topical use in lotion form, according to guidelines. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.