

Case Number:	CM15-0119995		
Date Assigned:	06/30/2015	Date of Injury:	10/03/2011
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female sustained an industrial injury to the low back on 10/3/11. Previous treatment included lumbar fusion at L4-S1, lumbar fusion at L4-5, physical therapy, acupuncture, epidural steroid injections, home exercise and medications. X-rays lumbar spine (1/20/15) showed excellent fusion with screws and graft in good position. In a PR-2 dated 5/19/15, the injured worker complained of low back pain, rated 6-7/10 on the visual analog scale, with radiation to the right lower extremity down to the calf. The injured worker reported that she had been experiencing acute exacerbations of low back pain that was primarily triggered by recent cold weather. Physical exam was remarkable for lumbar spine with tenderness to palpation over the paraspinal musculature with muscle rigidity and sacroiliac joint tenderness, positive bilateral straight leg raise, decreased range of motion and weakness of bilateral quadriceps. Current diagnoses included grade 1 spondylolisthesis with instability on flexion and extension with moderate central canal stenosis and bilateral lower extremity radiculopathy with neurogenic claudication, new onset right lower extremity radiculopathy, complex regional pain syndrome and status post lumbar fusions. The treatment plan included twelve sessions of acupuncture and prescriptions for compound products containing Flurbiprofen, gabapentin, capsaicin, ketoprofen and Ketamine in 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% cream , 120 gm (retrospective dispensed 5/19/15): 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic when treatment with first-line orally administered anti-convulsant and antidepressant medications have failed. The records show that the musculoskeletal pain was not a localized neuropathic pain. There was no documentation or failure of treatment with oral formulations first line medications or NSAIDs. The guidelines recommended second line medication for neuropathic pain is plain formulation of lidocaine. It is recommended that topical medications be utilized individually for better evaluation of efficacy. The records indicate that the patient is utilizing many topical NSAID products concurrently. The chronic use of topical NSAID is associated with development of tolerance and reduction in efficacy. The criteria for the use of Flurbiprofen 20% cream 120mg retrospectively dispense 5/19/2015 was not met. The request is not medically necessary.

Ketoprofen 20%, Ketamine 10% cream, 120 gm (retrospective dispensed 5/19/15): 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic when treatment with first-line orally administered anti-convulsant and antidepressant medications have failed. The records show that the musculoskeletal pain was not a localized neuropathic pain. There was no documentation or failure of treatment with oral formulations first line medications. The guidelines recommended second line medication for neuropathic pain is plain formulation of lidocaine. It is recommended that topical medications be utilized individually for better evaluation of efficacy. The records indicate that the patient is utilizing many topical products concurrently. There is lack of guideline support for the utilization of topical formulations of ketamine with ketoprofen. Topical ketoprofen is associated with the development of photodermatitis. The criteria for the use of ketoprofen 20% / ketamine 10% 120mg retrospectively dispensed 5/19/2015 was not met. The request is not medically necessary.

Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.03475% cream, 120 gm (retrospective dispensed 5/19/15): 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic when treatment with first-line orally administered anti-convulsant and antidepressant medications have failed. The records show that the musculoskeletal pain was not a localized neuropathic pain. There was no documentation or failure of treatment with oral formulations first line medications. The guidelines recommended second line medication for neuropathic pain is plain formulation of lidocaine. It is recommended that topical medications be utilized individually for better evaluation of efficacy. The records indicate that the patient is utilizing many topical products concurrently. There is lack of guideline support for the utilization of topical formulations of gabapentin and cyclobenzaprine. The criteria for the use of gabapentin 10%/ cyclobenzaprine 10% / capsaicin 0.03475% cream 120mg retrospectively dispensed 5/19/2015 was not met. The request is not medically necessary.