

Case Number:	CM15-0179607		
Date Assigned:	10/13/2015	Date of Injury:	05/04/2012
Decision Date:	12/01/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/11/2015

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:

This is a 47 year old male who sustained an industrial injury on 5-4-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement, lumbar radiculopathy and groin pain. Medical records (2-24-2015 to 6-25-2015) indicate ongoing burning, radicular low back pain rated 5-7 out of 10. The pain was associated with radiating pain, numbness and tingling of the bilateral lower extremities. The injured worker also complained of right groin pain. Per the treating physician (6-25-2015), the injured worker was temporarily totally disabled. The physical exam (6-25-2015) revealed the injured worker had pain with heel walking. There was tenderness to palpation with spasms noted at the lumbar paraspinal muscles and over the spinous processes L2 to L5. Straight leg raise was positive bilaterally. Sensation to pinprick and light touch was slightly diminished over the L4, L5 and S1 dermatomes bilaterally. Treatment has included acupuncture, shockwave therapy and medications. The request for authorization was dated 6-25-2015. The original Utilization Review (UR) (8-18-2015) denied requests for Ketoprofen cream, Cyclobenzaprine cream and Deprixine oral suspension.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Ketoprofen 20% cream 167gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 06/25/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities, rated 5-7/10. The request is for 1 prescription for ketoprofen 20% cream 167gm. RFA dated 06/25/15 provided. Patient's diagnosis on 06/25/15 includes lumbar region intervertebral disc displacement, lumbar region radiculopathy, groin pain, sexual dysfunction and sleep disorder. Physical examination to the lumbar spine on 06/25/15 revealed tenderness to palpation with spasms noted at the paraspinal muscles and over the spinous processes L2 to L5. Positive straight leg raise bilaterally, and sensation to pinprick and light touch slightly diminished over the L4, L5 and S1 dermatomes bilaterally. Treatment to date has included acupuncture, shockwave therapy and medications. Patient's medications include Dicoprofenol, Deprizine, Fanatrex, Synaprin, Tabradol and topical creams. The patient is temporarily totally disabled, per 06/25/15 report. MTUS, Topical Analgesics section, page 111 has the following: 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. 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. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Treater has not provided medical rationale for the request, nor indicated where this topical is applied and with what efficacy. MTUS page 60 states that a record of pain and function are required when medications are prescribed for chronic pain. Furthermore, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Ketoprofen, which is not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

1 prescription for Cyclobenzaprine 5% cream 110gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 06/25/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities, rated 5-7/10. The request is for 1 prescription for Cyclobenzaprine 5% cream 110gm. RFA dated 06/25/15 provided. Patient's diagnosis on 06/25/15 includes lumbar region intervertebral disc displacement, lumbar region radiculopathy, groin pain, sexual dysfunction and sleep disorder. Physical examination to the lumbar spine on 06/25/15 revealed tenderness to palpation with spasms noted at the paraspinal muscles and over the spinous processes L2 to L5. Positive straight leg raise bilaterally, and sensation to pinprick and light touch slightly diminished over the L4, L5 and S1 dermatomes bilaterally. Treatment to date has included acupuncture, shockwave therapy and medications. Patient's medications include Dicopanol, Deprizine, Fanatrex, Synaprin, Tabradol and topical creams. The patient is temporarily totally disabled, per 06/25/15 report. MTUS, Topical Analgesics section, page 111 has the following: 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. 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. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Treater has not provided medical rationale for the request, nor indicated where this topical is applied and with what efficacy. MTUS page 60 states that a record of pain and function are required when medications are prescribed for chronic pain. Furthermore, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine, which is not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

1 prescription for Deprizine 5mg 250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 06/25/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities, rated 5-7/10. The request is for 1 prescription for Deprizine 5mg 250ml. RFA dated 06/25/15 provided. Patient's diagnosis on 06/25/15 includes lumbar region intervertebral disc displacement, lumbar region radiculopathy, groin pain, sexual dysfunction and sleep disorder. Physical examination to the lumbar spine on 06/25/15 revealed tenderness to palpation with spasms noted at the paraspinal muscles and over the spinous processes L2 to L5. Positive straight leg raise bilaterally, and sensation to pinprick and light touch slightly diminished over the L4, L5 and S1 dermatomes bilaterally. Treatment to date has included acupuncture, shockwave therapy and medications. Patient's medications include Dicopanol, Deprizine, Fanatrex, Synaprin, Tabradol and topical creams. The patient is temporarily totally disabled, per 06/25/15 report. MTUS, pg. 69, NSAIDs, GI symptoms & cardiovascular risk Section states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." Deprizine has been included in patient's medications per progress reports dated 12/30/14, 04/20/15, and 06/25/15. It is not known when this medication was initiated. Per letter of necessity dated 06/25/15, treater states "this patient presented to me with a history of taking multiple medication for pain caused by the injury including chronically taking over-the-counter non steroidal anti inflammatory medications. The patient is therefore at an increased risk of gastrointestinal perforation/hemorrhage. I have found in the general patient population that I have treated a general aversion for swallowing pills which is a 'red flag' indicator against long term compliance with a pharmacological treatment plan." Prophylactic use of PPI is indicated by MTUS. However, provided progress reports do not indicate that this patient suffers from any significant GI complaints. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Furthermore, the patient has been prescribed this medication at least since 12/30/14, which is more than 8 months from UR date of 08/18/15; and there is no discussion on how the patient is doing and why he should continue with this medication. Therefore, this request IS NOT medically necessary.