

Case Number:	CM15-0066863		
Date Assigned:	04/14/2015	Date of Injury:	08/02/2013
Decision Date:	05/14/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/08/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 48-year-old male sustained an industrial injury to the neck, low back, bilateral knees and bilateral ankles on 9/12/13. Previous treatment included magnetic resonance imaging, electromyography, bilateral knee arthroscopy, physical therapy and medications. In a PR-2 dated 3/10/15, the injured worker complained of neck pain with radicular symptoms to bilateral upper extremities, low back with radicular symptoms to bilateral lower extremities, bilateral knee pain and bilateral ankle/foot pain. Physical exam was remarkable for cervical spine with restricted range of motion, positive Foraminal Compression and Spurling's tests, lumbar spine with tightness and spasms of the lumbar spine paraspinal musculature and restricted range of motion, bilateral knees with positive McMurray's test, positive chondromalacia patellar compression test and joint line tenderness and bilateral ankles with tenderness to palpation to the plantar fascial attachment, Achilles tendon and joint lines. Current diagnoses included lumbar spine sprain/strain with radiculitis and radiculopathy, cervical spine sprain/strain with radiculitis and radiculopathy secondary to herniated cervical disc, bilateral knee internal derangement, bilateral ankle sprain/strain rule out internal derangement, cephalgia, gout, bilateral inguinal hernia and sleep disorder. The treatment plan included electromyography bilateral lower extremities, cortisone injections for bilateral knees, physical therapy two to three times a week for six weeks, general surgery consult for inguinal hernia repair, a cane for support and medications (Norco, Ultram, Anaprox, Prilosec, Flexeril, Lido Keto cream with Flexeril, topical compound cream and Lidoderm patches).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido Keto cream with Flexerin 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. The MTUS also states that all topical muscle relaxants are not recommended due to insufficient data to support their use in chronic pain. Lidocaine is indicated for neuropathic pain and only after trial and failure of first-line therapies for neuropathic pain such as oral Lyrica or gabapentin. Lido/Keto cream with Flexerin contains lidocaine, ketoprofen, and cyclobenzaprine. In the case of this worker, the provider recommended Lido/Keto/Flexerin which contains non-recommended ingredients and therefore, cannot be considered for approval. Therefore, the request for this topical analgesic is not medically necessary.