

Case Number:	CM15-0070396		
Date Assigned:	04/17/2015	Date of Injury:	10/22/2014
Decision Date:	05/18/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 48 year old female who sustained an industrial injury on 10/22/14 from repetitive lifting up and down resulting in sharp pain in the lumbar region that radiates to her toes with numbness and tingling. She had a pain intensity of 8/10. She x-rays of her lumbar spine. She was diagnosed with sprain/ strain of the lumbar region and lumbar radiculopathy. She had ice, medications and ace wrap. She currently complains of progressively worsening low back pain radiating into both legs with numbness and tingling. She also has weakness and pain with tingling and numbness in both hands and wrists from repetitive work. Medications are Norco, Ultram, Anaprox, Prilosec, Flexeril. Diagnoses include lumbar spine sprain/ strain, radiculitis/ radiculopathy right greater than left, rule out herniated lumbar disc; status post right inguinal hernia repair. Treatments to date include medications, physical therapy. In the progress notes dated 3/31/15 and previous notes available for review the treating provider's plan of care did not request topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream Ketoprofen, Cyclobenzaprine, Lidocaine 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113.

Decision rationale: The claimant sustained a work injury in October 2014 and continues to be treated for progressively worsening radiating low back pain. When seen, she has decreased lumbar spine range of motion with positive straight leg raising and decreased lower extremity strength, sensation, and asymmetric reflexes. In terms of topical treatments, cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.