

Case Number:	CM15-0079910		
Date Assigned:	04/30/2015	Date of Injury:	05/16/2006
Decision Date:	06/04/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 05/16/2006. On provider visit dated 03/13/2015 the injured worker has reported lumbar spine ache. On examination of the lumbar spine area, a constant ache that does not radiate was noted and left foot was noted to have no changes. The diagnoses have included lumbar spine strain and left foot crush injury. Treatment to date has included medication and laboratory studies. The provider requested Cyclo Keta Lido Cream, Norco 10mg #90 and Diclofenac #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo Keta Lido Cream: Upheld

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

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

Decision rationale: This patient receives treatment for chronic low back pain and L foot pain, having suffered a L foot crush injury. This dates back to a work-related injury on 05/16/2006. This review addresses a request for a compounded topical analgesic cream, Cyclo Keta Lido cream. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Cyclo refers to cyclobenzaprine, which is a muscle relaxer. Cyclobenzaprine is not medically indicated in its topical form to treat chronic pain. Keta refers to ketoprofen, an NSAID. NSAIDs are not medically indicated to treat chronic pain, when used in their topical form. Lido refers to Lidocaine, a local anesthetic agent. Topical Lidocaine may be clinically indicated to treat post-herpetic neuralgia, as a second line agent, but only when used in its Lidoderm form. This patient does not have that diagnosis. This compounded analgesic product is not medically indicated.

Norco 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic low back pain and L foot pain, having suffered a L foot crush injury. This dates back to a work-related injury on 05/16/2006. This review addresses a request for Norco 10 mg 1 TID (no acetaminophen strength is cited). This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with Norco is not medically necessary.

Diclofenac #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: This patient receives treatment for chronic low back pain and L foot pain, having suffered a L foot crush injury. This dates back to a work-related injury on 05/16/2006. This review addresses a request for diclofenac 60 mg. Diclofenac is an NSAID. NSAIDs may be medically indicated to treat exacerbations of low back pain. Results from clinical studies do not show a significant benefit in a return to function for patients with chronic low back pain who take NSAIDs. NSAIDs, when taken over the long-term, expose patients to GI risks (upper and lower GI bleeding) and CV risks (exacerbation of hypertension and CHF). NSAIDs are

contraindicated in patients with an estimated GFR below 60. The documentation does not mention these potential harms from long-term NSAIDs. Diclofenac is not medically necessary.