

Case Number:	CM15-0092705		
Date Assigned:	05/19/2015	Date of Injury:	07/26/2014
Decision Date:	06/18/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/13/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51-year-old male who sustained a work related injury July 26, 2014. He fell out of his truck with a right pilon fracture with instability and significant displacement. He underwent an open reduction internal fixation, July 30, 2014. Past history included hypertension and gout. According to a primary treating physician's progress report dated April 1, 2015, the injured worker presented with complaints of intermittent mild, achy, throbbing, low back pain, rated 4/10, radiating to the right lower extremity with cramping. He also complains of pain, right tibia, reporting he cannot walk or stand for more than 15 minutes. There is tenderness to palpation of the lumbar paravertebral muscles. Diagnoses are lumbar musculoligamentous injury; lumbar sprain/strain. Treatment plan included a request for authorization for Ketoprofen/Cyclobenzaprine/Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5% 120gm: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines are very specific in stating that only FDA/Guideline approved products are recommended and any compound containing non approved product is not supported by Guidelines. All 3 of these ingredients are specifically not supported by Guidelines. Topical Ketoprofen, Cyclobenzaprine and Lidocaine cream not Guideline recommended. There are no unusual circumstances to justify an exception to Guidelines. The Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5% 120gm is not supported by Guidelines and is not medically necessary.