MAXIMUS Federal Services

Case Number:	CM13-0008180		
Date Assigned:	12/27/2013	Date of Injury:	02/24/2011
Decision Date:	08/01/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/06/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34 year old female who had a work related injury on 02/24/11. The injured worker was driving a truck with a bad seat and after driving for several hours, pain developed in her lower back. After pulling off the road and to a hotel, she showered with warm water hoping the pain would subside. Swelling in the lower back region noted. After completing the route in pain, numbness in her left leg developed. Over the years the injured worker had chiropractic treatment, physical therapy, epidural steroid injections and non-steroidal anti-inflammatory drugs. Magnetic resonance image of the lumbar spine L4-5 4.0mm central disc protrusion which mildly impresses on the thecal sac. A high intensity zone is present within the posterior annular fibers of the disc which may represent an annular fissure/tear that may be associated with pain. There was a 4.1mm central disc protrusion at L5-S1 which mildly impresses on the thecal sac. Bilateral facet arthrosis and mild bilateral neuroforaminal narrowing are noted. A high intensity zone is present within the posterior annular fibers of the disc which may represent an annular fissure/tear that may be associated with pain. The most recent progress note dated 01/17/13 noted that she has not responded to past conservative treatment, epidural steroid injections and lumbar microdiscectomy surgery has been recommended on the right at L4-5 and L5-S1 which is pending authorization. On physical examination, there is no sign of sedation, she is alert and oriented. The gait is slightly antalgic with a cane used for ambulation. Tenderness and spasm over the lumbar spine and paraspinous/paravertebral area is noted with decreased range of motion in the lumbar spine. The diagnoses include intractable lumbar pain, Lumbar radiculopathy and retro compound medication of Ketoprofen 10%, Lidocaine 10%, and Baclofen 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO COMPOUND MEDICATION C-KETO 10%, LIDO 10% BACLO 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound drug.

Decision rationale: The current evidence based guidelines do not support the request for this compound medication. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and United States Food and Drug Administration do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Lidocaine and Baclofen which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary. Therefore the request is not medically necessary.