

Case Number:	CM13-0012915		
Date Assigned:	11/06/2013	Date of Injury:	06/27/2006
Decision Date:	01/23/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 patient an injury on 06/27/2006. The mechanism of injury was noted as she felt pain in her groin region while she was taking food out of an oven at work. The patient's symptoms include low back and lower extremity pain. Documentation indicates that she takes multiple medications which provide temporary relief and she denies side effects such as nausea, vomiting, constipation, over sedation, and epigastric pain. Medications are listed as Prilosec, Zoloft, Anaprox, Norco 7.5 mg, and Ambien. Her diagnoses are listed as intractable lumbar pain and lumbar radiculopathy. Physical exam findings are noted to show spasm, tenderness, and guarding of the paravertebral musculature of the lumbar spine, with loss of range of motion, and decreased sensation noted bilaterally in the S1 dermatomes. –

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-C-Keto 10%/Lido 10%/Baclo 10%, 180mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It further states that many agents are compounded as monotherapy or in combination for pain control; any compounded product that contains at least 1 drug that is not recommended, is not recommended. It further states the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The requested therapeutic cream includes ketoprofen, Lidocaine, and baclofen. The guidelines state that ketoprofen is not currently FDA approved for topical application as it has an extremely high incidence of photo contact dermatitis. The guidelines state that Lidocaine is indicated for localized peripheral pain after there has been evidence of a trial of first line therapy such as tricyclic or SNRI antidepressants, or an antiepilepsy drug such as gabapentin or Lyrica. It further states that topical Lidocaine in the formulation of a dermal patch is the only FDA approved topical formulation of Lidocaine at this time and the guidelines state that only FDA approved products are currently recommended. Furthermore, the guidelines state that baclofen topical is not recommended as there is no peer reviewed literature to support the use of topical baclofen. As it is shown that baclofen is not recommended, Lidocaine is only recommended as a Lidoderm patch, and ketoprofen is not FDA approved, the requested compounded topical medication is not supported by guidelines. Therefore, the request is non-certified.