

Case Number:	CM13-0020833		
Date Assigned:	03/12/2014	Date of Injury:	12/05/2012
Decision Date:	04/15/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/06/2013

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 Occupational 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:

According to the records made available for review, this is a 38-year-old male with a 12/5/12 date of injury. At the time (8/13/13) of request for authorization for compound medication: Diclofenac 3%, Ibuprofen 3%, Lidocaine 2%, Ketamine 10%, there is documentation of subjective (low back pain and right shoulder pain) and objective (tenderness to palpation over the left lumbar paraspinals) findings; current diagnoses (lumbar spondylosis, myofascial pain, and status post rotator cuff surgery on 3/14/13); and treatment to date (medications, physical therapy, and home exercise program).

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION: DICLOFENAC 3%, IBUPROFEN 3%, LIDOCAINE 2%, KETAMINE 10%: 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 based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis, myofascial pain, and status post rotator cuff surgery on 3/14/13. However, the requested compound medication contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for compound medication: Diclofenac 3%, Ibuprofen 3%, Lidocaine 2%, Ketamine 10% is not medically necessary.