

Case Number:	CM13-0022415		
Date Assigned:	01/31/2014	Date of Injury:	02/09/2001
Decision Date:	05/21/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a 55 year-old female who was injured on 2/9/2001. She has been diagnosed with cervical radiculopathy. On 8/26/13 Utilization Review (UR) recommended a retrospective noncertification for compounded medications with ketoprofen powder, cyclobenzaprine powder, capsaicin powder, menthol crystals, camphor crystals and PCCA Lipoderm base for 7/2/13. There was no medical report for 7/2/13 provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF COMPOUND MEDICATION (KETOPROFEN POWDER, CYCLOBENZAPRINE POWDER, CAPSAICIN POWDER, MENTHOL CRYSTALS, CAMPHOR CRYSTALS, AND PCCA LIPODERM BASE) DISPENSED ON 7/2/13: 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 patient is reported to have cervical radiculopathy. The request is for components for a compounded topical lotion. The actual prescription with the percentages or

dose was not provided, and the medical report that provides a rationale for the products was not provided. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." One of the components listed was ketoprofen. MTUS specifically states that ketoprofen is not FDA approved for topical applications. Therefore any compounded topical product containing Ketoprofen is not recommended. The request as written is not in accordance with MTUS guidelines.