

Case Number:	CM13-0026550		
Date Assigned:	11/22/2013	Date of Injury:	01/05/2009
Decision Date:	01/22/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/19/2013

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 and Rehabilitation, 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 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 injured worker is a 60 year old female with date of injury on 1/5/2009. The patient has neck pain, cervical radiculopathy, left shoulder pain, radial styloid tenosynovitis, carpal tunnel syndrome, and a history of right shoulder arthroscopy. There is notation from the requesting healthcare provider on 7/18/2013 that the "patient's medications will be refilled as they are providing pain relief and improving functional status." The utilization reviewer cited MTUS guidelines that topical analgesic are "largely experimental" and that topical medications have "not been adequately proven with regards to overall safety and efficacy."

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-C-Keto/Lido 10%/Baclo 10% 180 gm, 30 day supply, QTY: 180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In this case of ketoprofen/lidocaine/baclofen topical compound, the ketoprofen is explicitly not recommended by the CA MTUS. On page 112 of the Chronic Pain Medical Treatment Guidelines of the CA MTUS, the following regarding topical ketoprofen is

specified: "This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000)" Given that the guidelines specify that if one drug or drug class of a compounded formulation is not recommended, the request for ketoprofen/lidocaine/baclofen topical compound is recommended for non-certification.