

Case Number:	CM13-0042404		
Date Assigned:	12/27/2013	Date of Injury:	05/13/2010
Decision Date:	05/06/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic Surgery 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 claimant is a 54 year old female injured on May 14, 2010. The clinical records provided for review included a July 9, 2013 pain management consultation by [REDACTED] where it was noted that the claimant sustained low back pain while performing his customary job duties. The records indicated that the conservative treatment since the injury has included medication management, activity modification and work restrictions. Currently, the documentation indicates that the claimant has multiple orthopedic complaints including the cervical spine, bilateral shoulder, right elbow and bilateral wrist hands, low back and bilateral knees. Physical examination by [REDACTED] showed restricted lumbar range of motion with painful endpoints of movement, paraspinal muscle tenderness to palpation, equal and symmetrical distal reflexes and weakness noted with ankle dorsiflexion and plantar flexion at 4+/5 on the left compared to the right. There was diminished sensation to the left lateral calf with sensory pin prick testing. The examination of the neck and multiple other orthopedic subjective areas of complaints were not noted. A prior MRI report from 2012 of the lumbar spine showed evidence of prior discectomy and apparent artificial disc placement at L4-5 with pedicle screw fixation. The electrodiagnostic studies dated April 9, 2013 showed evidence of chronic left L5 radiculopathy. The claimant was diagnosed with prior lumbar laminectomy and disc pain, radiculopathy and multiple joint complaints. Treatment included a topical compound of ketoprofen and Lidocaine.

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%/; 180 GM 30 DAY SUPPLY QTY:180: 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: Based on the California MTUS Chronic Pain Medical Treatment Guidelines the request for the topical compound that contains Ketoprofen and Lidocaine is not indicated. When looking at the MTUS Chronic Pain Guidelines in regards to the use of topical agents ketoprofen, it is a non FDA approved agent secondary to the high incidence of photo contact dermatitis. The role of Lidocaine is also only indicated in the setting of neuropathic pain when first line trials of tricyclic anti-depressants or agents such as Gabapentin or Lyrica have failed. If any one agent in the topical compound is not supported, the agent as a whole is not supported. Therefore, the continued use of this topical compound to include a non FDA approved agent cannot be recommended as medically necessary.