

Case Number:	CM13-0042795		
Date Assigned:	12/27/2013	Date of Injury:	06/28/2011
Decision Date:	02/28/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/18/2013

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 patient is a 25-year-old female with a date of injury of 06/28/2011. The progress report dated 09/19/2013 by [REDACTED] indicates that the patient is diagnosed with: Late effect burns, left forearm, hand, multiple digits. The patient continues to present with persistent pain to her left wrist and forearm, dorsum. Physical exam showed tenderness to palpation over the radial aspect of the left wrist, just proximal to the crease. She has pain over the forearm dorsum on the radial side. Grip strength remains nonexistent on the left side. She has diffuse pigmentation changes. It was noted that patient did not receive significant relief with Ultram or Neurontin. She continues to have neuropathic pain. A topical compounded cream with baclofen, cyclobenzaprine, ketoprofen, ketamine, and lidocaine was provided to the patient for myofascial and musculoskeletal pain. This was denied by utilization review dated 09/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream with Baclofen, Cyclobenzaprine, Ketoprofen, Ketamine, and Lidocaine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient continues with significant pain in the left forearm and hand due to late effect of burns. It was noted that the patient had not seen relief with Ultram or Neurontin, and continued with neuropathic pain. A compounded cream, which contained the baclofen, cyclobenzaprine, ketoprofen, ketamine, and lidocaine, was given to the patient for myofascial and musculoskeletal pain. MTUS Guidelines regarding topical analgesics page 111 to 113 states that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. MTUS further states that baclofen is not recommended. It further states that ketoprofen is not currently FDA approved for topical application. The request for this topical cream is not recommended as the ingredients are not recommended by MTUS. Therefore, recommendation is for denial.