

Case Number:	CM13-0048360		
Date Assigned:	12/27/2013	Date of Injury:	12/28/2011
Decision Date:	02/24/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/05/2013

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 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 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:

This is a female patient with the date of injury of December 28, 2011. A utilization review determination dated October 22, 2013 recommends non-certification of compound cream - Cyclo/Keto/Lido 240mg. The previous reviewing physician recommended non-certification of compound cream - Cyclo/Keto/Lido 240mg due to lack of Guidelines support for the use of topical Cyclobenzaprine, non-FDA-approved preparations of Lidocaine, and topical Ketoprofen. An initial comprehensive orthopedic consultation report from September 25, 2013 identifies current Complaints of left knee pain and swelling with some crepitation. She has a history of a back injury with some radiation down the left leg. She has left shoulder pain which radiates up towards the neck. There is some radiation down the arm with paresthesia as well. Physical Examination identifies speed's and impingement tests are positive on the left shoulder. There is some referred pain to the shoulder on neck extension and lateral flexion to the left. Left knee range of motion is from 0 to 140 degrees. There is tenderness over the joint lines. There is some crepitation on range of motion. Impression includes left knee pain and dysfunction, left knee chondromalacia, left knee referred pain from the spine, left shoulder pain and dysfunction, left shoulder slight impingement, and left shoulder referred pain from the cervical spine. Treatment recommendations include conservative management with physical therapy for the neck, low back, left shoulder, and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Cream- Cyclo/Keto/Lido 240mg qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines also state there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, the Guidelines state there is no evidence for use of muscle relaxants as a topical product. Furthermore, Guidelines state no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The requested compound cream contains both a muscle relaxant and Lidocaine in a cream. As such, the currently requested compound cream- Cyclo/Keto/Lido 240mg, quantity of 2 is not medically necessary.