

Case Number:	CM13-0052568		
Date Assigned:	12/30/2013	Date of Injury:	08/12/2009
Decision Date:	03/12/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/15/2013

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, 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 55-year old patient with a date of injury of 8/12/09. She has a cumulative trauma type of claim. She has a history of a right carpal tunnel release and right lateral epicondylectomy. She was determined by a QME to be permanent and Stationary on his 5/13/11 report. Future medical recommendations included NSAIDS/analgesics and orthopedic hand surgeon follow-up as needed for exacerbations. The patient is under the care of a Rheumatologist for ongoing symptoms, and he is treating a diagnosis list that includes fibromyalgia, gastroesophageal reflux, hypertension, sleep disorder, and psyche diagnosis. He continues to prescribe multiple medications for this patient with ongoing chronic symptoms, including KDIL compounded topical, Medrox patches, HCTZ, Atenolol, Prilosec and Ultracet. The doctor makes several MTUS quotes in attempt to justify use of compounded topicals, but does not quote the actual MTUS quotes that specifically address this issue. The specific ingredients of this compound are not elaborated on by the PTP with clear rationale as to how each specific ingredient is contributory to achieving a specific treatment goal. This was reviewed in Utilization Review on 10/18/13, and the compounded topical was not recommended for certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

**KDIL topical analgesic (Ketamine 10%; Dicoflenac 6%; Indomethacin 6%; Lidocaine 5%)
240 gm: 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 CA MTUS notes that with regards to compounded products, they are not recommended if one drug/class is not recommended. Guidelines go on to state that if a compounded agent is required, there should be clear knowledge of the specific analgesic effect of each agent and how it would be useful for a specific goal required. The compounded topical in this case contains Ketamine, Indomethacin, Diclofenac and Lidocaine. Ketamine is under study, and is only supported for refractory neuropathic pain that has failed all primary and secondary treatment. Topical NSAIDS are only guideline supported for early in care for short-term treatment of osteoarthritis in joints that are amenable. Lidocaine is not guideline supported in any topical form other than Lidoderm. In this case, the patient does have widespread and refractory pain, however, it does not appear that neuropathic pain is a large component (if any at all) of current residual symptoms, therefore, use of Ketamine is not medically necessary. With regards to topical NSAIDS, the patient is not being treated for osteoarthritis. In addition, it is unclear what benefit there is to having ingredients of 2 different NSAIDS, Diclofenac and Indomethacin. Finally, I do not see any clear documentation that suggests that the requesting physician has clear knowledge of why each specific agent is being combined or what specific goal would be achieved by compounding these specific ingredients together. None of these ingredients are justifiable in singular form, and formulating them together into one compound is not medically necessary.