

Case Number:	CM13-0059081		
Date Assigned:	12/30/2013	Date of Injury:	11/07/2012
Decision Date:	05/07/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 51-year-old female who reported an injury on 11/7/12; she fell from a chair and sustained an injury to her low back and pelvic area. Treatment to date has included physical therapy, chiropractic care, a TENS unit, and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 10/17/13. It was documented that she complained of severe chronic low back pain and sacroiliac joint pain. The injured worker also had cervical spine pain radiating into the right upper extremity. It was documented that the injured worker had 10/10 pain without medications that was reduced to a 5/10 with medications. The injured worker's medications included topical analgesic, Cyclobenzaprine, and Lidocaine patches. The injured worker's treatment plan included continuation of medications and an appeal for a radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED DRUG: VV #3 (KETAMINE, DICLOFENAC, INDOCIN, LIDOCAINE)
X2: Upheld

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

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

Decision rationale: The clinical documentation submitted for review indicates that this injured worker was prescribed this medication in September 2013. The California MTUS does not recommend the use of Lidocaine in a cream formulation as it is not FDA approved to treat neuropathic pain. Additionally, Ketamine is not supported as a topical analgesic unless all second line chronic pain management therapies have been exhausted for the injured worker. The clinical documentation does not provide any evidence that the injured worker has exhausted all first line medications, including anticonvulsants and antidepressants. Therefore, the use of Ketamine as a topical analgesic would not be supported. Additionally, the MTUS does not recommend the use of nonsteroidal anti-inflammatory drugs such as Diclofenac and Indocin unless oral formulations are contraindicated or not tolerated by the injured worker. The MTUS recommends that topical analgesics that contain nonsteroidal anti-inflammatory drugs be limited to short courses of treatment. The request as it was submitted did not specifically identify a duration or dosage treatment. Guidelines state that any medication that contains at least one drug or drug class that is not recommended is not recommended. As such, the requested compounded drug is not medically necessary or appropriate.