

Case Number:	CM14-0007960		
Date Assigned:	02/07/2014	Date of Injury:	08/29/2010
Decision Date:	06/23/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/17/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 male who reported an injury on 08/29/2010 after he stepped in a hole, causing a twisting motion to the ankle, causing a backwards fall. The injured worker's treatment history included physical therapy, medications, a TENS unit and epidural steroid injections. The worker was evaluated on 11/15/2013. It was documented that the injured worker had pain complaints of the lumbar spine rated at a 7/10 to 8/10 and radiating into the bilateral lower extremities. It was also documented that the injured worker had significant pain complaints of the cervical spine that radiated into the right upper extremity. Physical findings included tenderness over the cervicothoracic region with increased range of motion pain of the shoulder. The injured worker's diagnoses included lumbar sprain/strain, lumbar discogenic pain, lumbar facet syndrome, lumbosacral radiculopathy, piniformis syndrome, hip pain, hip capsulitis, ankle pain, ankle strain and chronic pain. The injured worker's treatment plan included the continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPR/ KETAM/ LIDOC/ QABAO CREAM STANDARD. 1/2 TSP TID TO AFFECTED AREA. NO REFILLS: 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 Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested ketoprofen/ketamine/lidocaine/"qabao" cream standard 1/2 teaspoon 3 times a day to the affected area with no refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of ketoprofen as a topical analgesic as it is not FDA-approved in this formulation to treat neuropathic pain. Additionally, the California Medical Treatment Utilization Schedule does not support the use of lidocaine in a cream or gel formulation as it is not FDA-approved to treat neuropathic pain. The California Medical Treatment Utilization Schedule recommends ketamine as a topical analgesic when all other chronic pain management treatments have been exhausted. There was no clinical documentation that the injured worker has failed to respond to first-line medications, such as anticonvulsants or antidepressants. Therefore, the use of ketamine as a topical analgesic would not be supported. The California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug (or drug class) that is not supported by guideline recommendations is not recommended. As such, the requested ketoprofen/ketamine/lidocaine/"qabao" cream standard 1/2 teaspoon 3 times a day to the affected area with no refills is not medically necessary or appropriate.