

Case Number:	CM14-0100359		
Date Assigned:	07/30/2014	Date of Injury:	08/25/2003
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/30/2014

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 & 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 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:

According to the records made available for review, this is a 54-year-old male with a 8/25/03 date of injury. At the time (6/19/14) of the Decision for Retrospective for date of service 05/27/2014 compound Flurbiprofen 3/Gabapentin 3/Lidocaine 1.5/ Lipoderm cream base 23 and Retrospective for date of service 5/27/2014 Compound Tramadol HCL 6/Baclofen 1.5/Lipoderm cream base 23, there is documentation of subjective (low back pain) and objective (tenderness to palpation over the lumbar spine, decreased range of motion, and positive Kemp's test) findings, current diagnoses (status post lumbar spine surgery, status post right knee surgery, and left knee compensatory pain), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 05/27/2014 compound Flurbiprofen 3/Gabapentin 3/Lidocaine 1.5/ Lipoderm cream base 23 quantity 1: 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 MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post lumbar spine surgery, status post right knee surgery, and left knee compensatory pain. However, the requested compound Flurbiprofen 3/Gabapentin 3/Lidocaine 1.5/ Lipoderm cream base contains at least one drug (lidocaine and gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Retrospective for date of service 05/27/2014 compound Flurbiprofen 3/Gabapentin 3/Lidocaine 1.5/ Lipoderm cream base 23 quantity 1 is not medically necessary.

Retrospective for date of service 5/27/2014 Compound Tramadol HCL 6/Baclofen 1.5/Lipoderm cream base 23 quantity 1: 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 MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post lumbar spine surgery, status post right knee surgery, and left knee compensatory pain. However, the requested Retrospective for date of service 5/27/2014 Compound Tramadol HCL 6/Baclofen 1.5/Lipoderm cream base contains at least one drug (Lidocaine and Baclofen) that is not recommended. Therefore, based on the guidelines and a review of the evidence, the request for Retrospective for date of service 5/27/2014 Compound Tramadol HCL 6/Baclofen 1.5/Lipoderm cream base 23 quantity 1 is not medically necessary.