MAXIMUS Federal Services

Case Number:	CM14-0109748		
Date Assigned:	08/01/2014	Date of Injury:	10/19/2011
Decision Date:	09/30/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 60-year-old female who has submitted a claim for cervical sprain, cervical spinal stenosis, lumbar sprain, lumbar disc protrusions, and constipation associated with an industrial injury date of October 19, 2011.Medical records from 2012-2014 were reviewed. The patient complained of cervical and lumbar spine pain. Physical examination showed tenderness of the cervical paravertebrals, trapezius, and interscapular area, worse on the right. There was restricted range of motion in flexion, extension and side-to-side tilt. Cervical compression test was positive for radicular symptoms in the right upper extremity. Lumbar spine examination showed tenderness over the paravertebrals, which was worse on the right. Straight leg raise test was positive. Motor strength and sensation was intact. MRI of the cervical spine (undated) revealed nerve root impingement at C5-C6 on the right side due to degeneration, spur formation, and possible disc herniation. Lumbar MRI (undated) showed nerve root impingement at the L4-L5 levels due to spinal channel stenosis and instability of the lumbar spine L4 over L5 anterolisthesis.Treatment to date has included medications, physical therapy, home exercise program, and activity modification.Utilization review, dated July 7, 2014, denied the request for medication-Baclofen, Ketoprofen, Lidocaine compound powder because it contains ingredients that are not recommended by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen KETOPROFEN LIDOCA INE compound power: Upheld

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

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

Decision rationale: According to page 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, the use of tropical creams are only optional and is still largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Baclofen in a topical formulation is not supported by the guidelines. In this case, the medical records submitted and reviewed failed to provide rationale for the compounded medication. The medication likewise contains components, i.e., Baclofen, Ketoprofen, and Lidocaine, that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the Baclofen KETOPROFEN LIDOCAINE compound power is not medically necessary.