

Case Number:	CM14-0010156		
Date Assigned:	02/21/2014	Date of Injury:	10/03/2011
Decision Date:	06/25/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/24/2014

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 Orthopedic Surgery, 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 61 year old female injured on 10/03/01 when involved in a motor vehicle collision resulting in injuries to the left hand, left shoulder, and neck. The injured worker required surgical intervention to the left hand and left shoulder decompression. Current diagnoses include grade one spondylolisthesis at L4-5 with instability on flexion/extension, failure of non-operative treatment, and status post anterior fusion at L4-5. Previous treatments include epidural steroid injections, physical therapy, and medication management. The clinical note dated 11/26/13 indicates the injured worker presented with frequent low back pain rated at 7-8/10 with radiation to the right lower extremity and left thigh with associated numbness and tingling. The injured worker reports low back pain is aggravated with prolonged sitting and/or standing. The injured worker is status post lumbosacral spine surgery performed on 08/08/13. Current medications include Flurbiprofen and Medrox Patch which were discontinued secondary to skin irritation. Objective findings include mild paraspinal spasms of the lumbar spine, motor strength 5/5, and straight leg raise negative. The initial request for Flurbiprofen 20% gel/Ketoprofen 20%/Ketamine 10% gel, 120 grams was non-certified on 01/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20% GEL- KETOPROFEN 20%-KETAMINE 10% GEL 120 GM:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Topical analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the medical records provided for review that these types of medications have been trialed and/or failed. Further, the MTUS Chronic Pain Guidelines require that all components of a compounded topical medication be approved for transdermal use. To date, none of the components of this compound have been approved for transdermal use. Therefore, the request is not medically necessary and appropriate.