

Case Number:	CM14-0015835		
Date Assigned:	03/03/2014	Date of Injury:	03/16/2012
Decision Date:	07/03/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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 Orthopaedic Surgery 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:

The claimant is a 52-year-old female who was injured on March 16, 2012. The clinical document, dated January 13, 2014, indicates that the claimant had complaints of cervical spine pain radiating to the left upper extremity and hand with associated numbness and tingling, but no weakness. The clinical documentation indicates the claimant was previously utilizing a topical compounded cream (ketamine, ketoprofen, lidocaine), which was noted to be helpful and reduced pain from 8/10 to 5/10. The most recent clinical documentation, dated February 19, 2014, indicates that the claimant returns with continued knee pain. The claim is previously utilizing oral anti-inflammatories but had discontinued it secondary to gastrointestinal (GI) bleed. No examination of the cervical spine was performed on this visit. The utilization review in question was rendered on January 28, 2014. The reviewer non-certified the refill for a couple of compounded medications containing ketamine, ketoprofen, and lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL (KETAMINE, KETOPROFEN & LIDOCAINE) COMPOUNDED TOPICAL MEDICATIONS X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: The MTUS recommends against the use of topical ketoprofen indicating that it has an extremely high incidence of photo contact dermatitis. The MTUS further goes on to note that topical analgesics are largely experimental, and when any portion of a compounded medication is not medically necessary, then the entire compound is considered not medically necessary. As such, this request is considered not medically necessary.