

Case Number:	CM14-0018520		
Date Assigned:	02/21/2014	Date of Injury:	06/20/2012
Decision Date:	06/26/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/13/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of June 20, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representations; transfer of care to and from various providers in various specialties; and MRI imaging of December 19, 2013, notable for degeneration of the medial meniscus without evidence of tear. In a Utilization Review Report dated January 27, 2014, the claims administrator denied a request for a topical compounded drug, citing both MTUS and non-MTUS ODG Guidelines. The claims administrator did not, as incidentally noted, incorporate any of the quoted guidelines into its rationale. The applicant's attorney subsequently appealed. A January 9, 2014 progress note is notable for comments that the applicant reported persistent knee pain. The applicant was described as a laborer. The applicant is described as using both Norco and Vicodin for pain relief at that point. On November 13, 2013, the applicant was again described as having persistent knee pain. The applicant has failed to benefit from an earlier knee corticosteroid injection. The applicant was using Norco at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOCAINE 2 PERCENT FOR 30 DAYS 4.8 GRAMS #5 KETAMINE 10 PERCENT FLURBIPROFEN 10 PERCENT CYCLOBENZAPRINE 1 PERCENT GABAPENTIN 6 PERCENT LIDOCAINE 2 PERCENT: 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: No, the proposed prilocaine-ketamine-flurbiprofen-cyclobenzaprine-gabapentin-lidocaine cream is not medically necessary, medically appropriate, or indicated here. Several ingredients in the compound carry unfavorable recommendations in the MTUS Chronic Pain Medical Treatment Guidelines. For instance, neither gabapentin nor cyclobenzaprine, muscle relaxants, are recommended for topical compound formulation purposes, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines. Since one or more components in the compound carry unfavorable recommendations, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's seemingly successful usage of Norco/Vicodin effectively obviates the need for largely experimental topical compounded drugs such as the agent in question. Therefore, the request is not medically necessary.