

Case Number:	CM14-0111835		
Date Assigned:	09/22/2014	Date of Injury:	06/21/2011
Decision Date:	11/26/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/17/2014

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:

The injured worker is a 45 year old male who reported an injury on 06/21/2011. The mechanism of injury was a fall. His diagnosis was status post anterior lumbar interbody fusion and posterior decompression at L5-S1. His past treatments were noted to include work modification, medication, a knee brace, a pain injection in his lower back, physical therapy and surgery. His diagnostic studies were noted to include an X-ray of the left knee and lumbar spine, an MRI of the lumbar spine, and an Electromyography. He was status post anterior lumbar interbody fusion and posterior decompression at L5-S1. During the assessment dated 05/20/2014, the injured worker complained of post-operative low back pain and pain in the bilateral lower extremities with numbness in the right hand. The physical examination revealed motor strength in the bilateral lower extremities of 5/5 and a negative straight leg raise. His medication was noted to include Norco and a muscle relaxant. The treatment plan was to continue wearing the lumbosacral brace, activity modification and continue using the topical compound cream. The topical compound cream was to be used for pain, stiffness and swelling. The Request for Authorization form was dated 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Ketoprofen 20% and Ketamine 10% 120gm topical compound cream:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: During the assessment dated 05/20/2014, the injured worker complained of post-operative low back pain and pain in the bilateral extremities with numbness in the right hand. The physician recommended the topical compound cream for pain, stiffness and swelling. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compound product that contains at least one drug that is not recommended is not recommended. The requested compound cream contains Flurbiprofen, Ketoprofen and Ketamine. In regard to Flurbiprofen and Ketoprofen, the guidelines state that topical NSAIDs may be useful for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The use of topical NSAIDs is not recommended for neuropathic pain as there is no evidence to support use. Topical Ketoprofen is currently not FDA approved for topical application. In regard to Ketamine, the guidelines state that it is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. There is a lack of subjective complaints of neuropathic pain and adequate documentation regarding failure of antidepressants and anticonvulsants. There was no documentation indicating the injured worker had osteoarthritis or tendonitis to a joint amenable to topical treatment to justify the need for a topical NSAID. There is no rationale indicating why the injured worker would require a topical cream versus oral medication. The dose, quantity, frequency and application site for the proposed medication were also not provided. Given the above, the request for Flurbiprofen 20% Ketoprofen 20% and Ketamine 10% 120gm topical compound cream is not medically necessary and appropriate.