

Case Number:	CM14-0125984		
Date Assigned:	08/11/2014	Date of Injury:	06/15/2011
Decision Date:	09/18/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/07/2014

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 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:

There were 170 pages provided for review. The request for independent medical examination review was signed on August 7, 2014. The request was for a compounded medicine. The claimant is described as a 58-year-old female sales associate. She was injured back in the year 2011. A right knee sprain is the accepted injury. She is status post a January 2012 right knee surgery procedure unknown. As of March 19, 2013 the patient was declared permanent and stationary with future medical care. There can be no repetitive flexion or bending at the waist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Ketoprofen 10% /Gabapentin 10%/Ultraderm 65% /Lidocaine HCL Monohydrate 5% Baclofen 10% / Cyclobenzaprine HCL 1% 60 gm: 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 Page(s): 111.

Decision rationale: The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. The MTUS notes they are primarily

recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. Therefore, Compound: Ketoprofen 10% /Gabapentin 10%/Ultraderm 65% /Lidocaine HCL Monohydrate 5% Baclofen 10% / Cyclobenzaprine HCL 1% 60 gm is not medically necessary.