

Case Number:	CM14-0131118		
Date Assigned:	09/19/2014	Date of Injury:	12/10/2001
Decision Date:	10/21/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/15/2014

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 and 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 46-year-old male who reported an injury on 12/10/2001 due to a motor vehicle accident. The injured worker has diagnoses of status post anterior lumbar interbody fusion at L4-5 level, status post anterior lumbar interbody fusion at L5-S1, status post anterior lumbar decompression and fusion, chronic low back pain, chronic pain syndrome, depression secondary to pain, L5-S1 solid anterior fusion with right lumbar laminectomy, partial ossification of the right ligamentum flavum, bilateral facet arthritis, and bilateral lower extremity leg radiculopathy with mild stenosis and moderate chronic L4-5 radiculopathy. Past medical treatment consists of surgery, epidural steroid injections, physical therapy, and medication therapy. Medications include MS Contin, Senokot S, Norco, Cymbalta, and Neurontin. A UA submitted on 04/17/2014 revealed that the injured worker was in compliance with his medications. On 04/16/2014, the injured worker complained of lumbar spine pain. The examination revealed tenderness to palpation over the L4-5 dermatomes bilaterally. Range of motion revealed flexion at 25/60, extension at 5/25, right lateral bend at 5/25, and left lateral bend at 5/25. Straight leg raise and Braggard's test were positive bilaterally. Sensory examination revealed decreased sensation over the right L4 and L5 dermatomes. Romberg's test was negative. The injured worker was unable to perform heel toe testing and tandem gait. Babinski's reflexes were down going bilaterally. Lower extremity motor examination revealed weakness on the right tibialis anterior and extensor hallucis longus at 4/5. All remaining motor strength testing was 5/5. The medical treatment plan was for the injured worker to continue the use of medication therapy. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Ketoprofen 20%/ Ketamine 10% Cream 120gm: 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 Topical Analgesics Page(s): 111.

Decision rationale: The request for Compound: Ketoprofen 20%/ Ketamine 10% Cream 120gm is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short term use (4 weeks to 12 weeks). There was little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The submitted documentation did not indicate that the injured worker's diagnosis was congruent with the guideline recommendations for topical NSAIDs. The provider's request did not include the site at which the cream was intended for or the frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.