

Case Number:	CM14-0144172		
Date Assigned:	09/12/2014	Date of Injury:	03/30/2012
Decision Date:	11/04/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/05/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 61 year old employee with date of injury of 3/30/2012. Medical records indicate the patient is undergoing treatment for lumbar disc disease; lumbar facet syndrome; left sacroiliac joint arthropathy; and status post bilateral knee arthroscopy. Subjective complaints include pain in the lumbar spine which is described as dull, achy and throbbing. She rates the pain as 6/10. The pain radiates down to her legs and feet, left greater than right. Objective findings include a wide based gait and her heel to toe walk was performed with difficulty secondary to pain. Her lumbar spine has diffuse tenderness over the lumbar paraspinous process and she has moderate facet tenderness at L4 through S1. On the left, she has positive: sacroiliac tenderness, Fabere's/Patrick, Thrust test and Yeoman's test. On the left and right, she has a positive seated and supine straight leg test. Her lumbar spine has ROM of 20 degrees on left and right lateral bending and 60 on flexion and extension. Sensation is intact in all dermatomes. Treatment has consisted of physical therapy (PT), chiropractic care, Tramadol, Omeprazole and Cyclobenzaprine. Her physician states that she had been taking long term steroids as well. The utilization review determination was rendered on 8/23/2014 recommending non-certification of Topical Compound cream; Flurbiprofen120gm/ Ketoporfen 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream; Flurbiprofen120gm/ Ketoporfen 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: Per Official Disability Guidelines (ODG) and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions." MTUS states that the only FDA-approved non-steroidal anti-inflammatory drugs (NSAIDs) medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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 recommended." As such the request for topical compound cream; Flurbiprofen 120gm/ Ketoprofen 120gm is not medically necessary.