

Case Number:	CM14-0145647		
Date Assigned:	09/12/2014	Date of Injury:	12/28/2001
Decision Date:	12/12/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/08/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of December 28, 2001. A utilization review determination dated August 14, 2014 recommends non-certification of a topical compound medication. A progress report dated August 5, 2014 identifies subjective complaints of pain rated as 4/10. The note indicates that the patient has been improving with exercise. He is utilizing psychological supportive therapy for his chronic low back pain. Objective examination findings reveal normal lumbar range of motion, normal sensory exam, normal lower extremity strength, and a well-heeled hip incision. Diagnoses include chronic intractable low back pain, major depression, inguinal hernia, and status post right total hip arthroplasty. The treatment plan recommends a gym membership, pool therapy, Gabapentin, psychological supportive therapy, Tramadol, Ambien, Naproxen, Flector patch, Nexium, and ketoprofen gel. A progress report dated June 3, 2014 recommends continuing Gabapentin, Tramadol, Naproxen, Zolpidem, Flector patches, Cialis, and Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro compound medication ketamine/ketoprofen/Flexeril/in a phytobase 200 grams 30 days (06/03/14): Upheld

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

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

Decision rationale: Regarding the request for the topical compound, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended 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. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Topical ketamine is "Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the topical compound is not medically necessary.