MAXIMUS Federal Services

Case Number:	CM14-0146487		
Date Assigned:	09/12/2014	Date of Injury:	07/09/2009
Decision Date:	11/06/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/09/2014

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 42-year-old female who sustained an initial injury on July 9, 2009. She complains of intermittent headaches and frequent neck pain, Pain is rated at 6/l0 with radiating to bilateral upper extremities and associated stiffness. She complains of intermittent bilateral shoulder and elbow pain, rated 7/10 with no numbness and tingling sensation. There is also constant bilateral wrist and hand pain rated 6/10 with associated numbness and tingling sensation, as well as weakness. She reports anxiety, depression, stress and insomnia. She also had allergic rash to Bactrim, sulfa, Imitrex, Norco and Vicodin. On exam, restricted cervical ROM. Cervical spine herniated nucleus pulposus at C4-C5 and C5-C6 with stenosis, active right C6 radiculopathy, per EMG. Current medications include Motrin and topical creams. Previous treatment included chiropractic care, medications, diagnostic lumbar medial branch blocks with reduction of pain. On March 25, 2014 it was noted that she had gastroesophageal reflux disease, noted to be due to prolonged NSAID (non-steroidal anti-inflammatory drug) use. Diagnoses included status post ulnar nerve transposition, improved, bilateral tennis elbow with lateral epicondylitis; right shoulder impingement syndrome, improved with injection; left shoulder compensatory impingement syndrome; anxiety and depression secondary to industrial injury and pain; gastrointestinal and gastroesophageal reflux disease secondary to prolonged medication usage; sleep disorder secondary to industrial injury and pain; and right hand/wrist tendinitis. The request for Compound: Ketoprofen 20%/Ketamine 10% cream 20gm was denied on August 11, 2014 due to lack of medical necessity guidelines.

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, 20 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Ketamine Page(s): 111-113, 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, Page(s): 111.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Furthermore, the CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). Ketamine is currently under study and is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request for Compound Ketoprofen 20%/Ketamine 10% cream, 20 grams, is not medically necessary or appropriate.