

Case Number:	CM14-0154431		
Date Assigned:	09/24/2014	Date of Injury:	11/19/1998
Decision Date:	10/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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 and Washington. 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 70-year-old male who reported an injury on 11/19/1998. The mechanism of injury was not specified. His diagnosis was a right cerebrovascular accident. His past treatment included medication. His diagnostics and surgical history was not provided. On 08/12/2014, the injured worker reported that he had ongoing left sided symptoms and weakness. He reported that the topical ointment helped relieve his pain. The physical examination revealed left sided weakness and he used a cane to ambulate. His medication was a topical cream. The treatment plan was for compound medication ketoprofen, baclofen, lidocaine, cyclobenzaprine, and gabapentin. The rationale for the request was that the injured worker reported pain relief with a topical cream. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Ketoprofen, Baclofen, Lidocaine, Cyclobenzaprine, Gabapentin:
Upheld

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

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

Decision rationale: Based on the clinical information submitted for review, the request for compound medication ketoprofen, baclofen, lidocaine, cyclobenzaprine, gabapentin is not medically necessary. As stated in the California MTUS Guidelines, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical lidocaine is indicated for neuropathic pain and is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy, such as an antiepileptic drug or tricyclic or SNRI antidepressant. Baclofen and gabapentin are not recommended. Using compounded agents requires specific knowledge of the specific analgesic effect of each agent and how it would be useful for the specific therapeutic goal required. The injured worker reported ongoing left sided symptoms and weakness. He also reported that the topical cream helped alleviate his pain. The guidelines indicate that any compounded product that contains at least 1 drug that is not recommended is not recommended, which the request for the compounded medication contains baclofen and gabapentin, which are not recommended. Furthermore, it is unclear if the injured worker had a trial of an antidepressant or an antiepileptic drug, which is a recommendation for topical lidocaine. The request failed to provide the dosing of each ingredient, the frequency, and directions for application, as prescribed. As such, the request for a compound medication, ketoprofen, baclofen, lidocaine, cyclobenzaprine, and gabapentin is not medically necessary.