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| Case Number: | CM14-0164552 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 02/05/2002 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 claimant has a history of a work injury occurring on 01/28/02 and continues to be treated for widespread pain. She has headaches and pain affecting the cervical and lumbar spine, both knees, temporomandibular joint, and due to bilateral carpal tunnel syndrome. She was seen by the requesting provider on 09/15/14. She was having pain over multiple areas. Her history included right lateral knee arthroscopies. Her past medical history is given as migraines. She was having constipation being treated with medications. Physical examination findings included decreased bilateral shoulder and wrist range of motion and decreased knee range of motion. Duragesic, Tramadol, Neurontin, Cymbalta, Norco, Zofran, Lunesta, Flector, and Nexium were refilled. A topical compounded medication was prescribed. Other medications were continued. Physical activity at home was encouraged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen, Lidocaine, Cyclobenzaprine and Baclofen compound topical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 111-113.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for widespread pain. In terms of topical treatments, Baclofen and Cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Compounded topical preparations of Ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.