

Case Number:	CM14-0175608		
Date Assigned:	10/28/2014	Date of Injury:	08/09/2012
Decision Date:	12/05/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/23/2014

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 Interventional spine 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 patient is a 49-year-old female with an injury date of 08/09/12. Based on the 09/08/14 progress report provided by [REDACTED] the patient complains of left leg symptoms, soreness in her medial distal thigh and postphlebitic syndrome. Treater prescribed her compound cream consisting of Ketoprofen 10%, Lidocaine 4%, Baclofen 5% as a sample. Patient reported relief from her discomfort 55% or so. Patient is working [REDACTED] is requesting compound of cream - Ketoprofen 10%, Lidocaine 4%, Baclofen 5% 240mg refills 6. The utilization review determination being challenged is dated 09/18/14. [REDACTED] is the requesting provider and he provided treatment reports from 02/03/14 - 09/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Ketoprofen 10%, Lidocaine 4%, Baclofen 5% 240 mg, refills 6: 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 analgesic Page(s): 111-113.

Decision rationale: Patient presents with left leg symptoms, soreness in her medial distal thigh and postphlebitic syndrome. The request is for compound of cream - Ketoprofen 10%, Lidocaine 4%, Baclofen 5% 240mg refills 6. Per progress report dated 09/08/14, patient reported relief from her discomfort 55% or so with the compound cream. The MTUS has the following regarding topical creams (p111, chronic pain section): "lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Topical Analgesics: Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Patient was given the ointment on 09/08/14 and treater is asking for 6 refills. Ketoprofen is indicated for osteoarthritis for no longer than 2 weeks due to its diminishing effect. However patient does not present with arthritic symptoms. Furthermore, the requested topical ointment contains lidocaine, which is not indicated by MTUS. The request is not medically necessary.