

Case Number:	CM14-0022427		
Date Assigned:	05/09/2014	Date of Injury:	04/06/2011
Decision Date:	07/16/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 56-year-old who sustained an injury on April 6, 2011 when she bent over and developed complaints of neck pain and low back pain. The injured worker had prior cervical fusion at C6-7 in August of 2013. The injured worker was assessed with spondylitic spondylolisthesis at L5-S1 and L4-5 with noted severe facet arthropathy. The injured worker had been followed by [REDACTED] for her complaints. The report from January 10, 2014 noted ongoing medications including Norco, Medrox patches, Naprosyn, Zanaflex, and flurbiprofen cream. The injured worker had previous physical therapy for the cervical spine. On physical examination the injured worker demonstrated continued weakness in the extensor halluc longus tibialis anterior and peroneus longus. Straight leg raise findings were positive bilaterally. Sensation was decreased to light touch in the L5 dermatome. Recommendations were for anterior to posterior spinal fusion with decompression at L4-5. The injured worker was also prescribed topical compounded medication at this visit including flurbiprofen Ketoprofen and ketamine. The requested vascular surgeon and compounded flurbiprofen Ketoprofen and ketamine were denied by utilization review on February 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED FLURBIPROFEN 20% GEL 120GM AND KETOPROFEN 20% 120GM AND KETAMINE 10% GEL 120GM: Upheld

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

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

Decision rationale: In regards to the requested compounded flurbiprofen, Ketoprofen, and Ketamine, the clinical documentation submitted for review would not have supported this request as medically necessary. Topical compounded medications are largely considered experimental/investigational in the clinical literature. There is limited evidence establishing that compounded topical medications are effective in the treatment of chronic pain. They can be considered as an option in the treatment of neuropathic pain that has failed a reasonable course of conservative treatment and oral medications. In this clinical case there is no indication that the injured worker has failed all other oral medications to address neuropathic symptoms. Furthermore there was no rationale for the use of multiple anti-inflammatory components when the injured worker was already utilizing oral anti-inflammatories. The request for compounded flurbiprofen 20% gel 120gm and ketoprofen 20% 120gm and ketamine 10% gel 120gm is not medically necessary or appropriate.