

Case Number:	CM14-0022876		
Date Assigned:	05/12/2014	Date of Injury:	05/19/2009
Decision Date:	07/10/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, 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 Physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, leg, and neck pain reportedly associated with an industrial injury of May 19, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; unspecified amounts of physical therapy; and work restrictions. In a utilization review report dated January 23, 2014, the claims administrator denied a request for topical compounded drug. The applicant's attorney subsequently appealed. A June 6, 2013 progress note was notable for comments that the applicant was using a variety of oral and topical agents, including Pristiq for depression and tramadol for pain relief. The applicant was also using topical compounded drug, it was stated. The applicant was asked to continue home exercises and massage therapy. The applicant's work status was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWIN KET TOPICAL (KETAMINE 10%, KETOPROFEN 10%, GABAPENTIN 10%, LIDOCAINE 10%): Upheld

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

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

Decision rationale: Several ingredients in the compounds are specifically not recommended for topical compound formulation purposes. For instance, both ketoprofen and gabapentin are deemed not recommended for topical compound formulation purposes according to pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, according to page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the employee's seemingly successful usage of first line oral pharmaceuticals such as tramadol effectively obviates the need for the largely experimental topical compound in question. Therefore, the request is not medically necessary.