MAXIMUS Federal Services

Case Number:	CM14-0026002		
Date Assigned:	06/23/2014	Date of Injury:	06/26/2002
Decision Date:	11/26/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/28/2014

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 Management 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:

This is a patient with a date of injury of 6/26/02. A utilization review determination dated 2/11/14 recommended non-certification for the requested topical compound with ingredients Ketoprofen/Baclofen and Lidocaine stating that MTUS guidelines do not support the use of topical Ketoprofen or the muscle relaxant Baclofen. Lidocaine is only medication supported for use topically in the formulation patch. Additionally, available documentation makes no mention of any rationale for treatment outside of guidelines. A progress report dated 12/3/13 indicates the patient returns with continued chronic low back pain rated at a 6/10 that is currently maintained on a regimen of Norco 10mg every 6 hours, Elavil 50mg nightly and Soma 350mg three times a day as needed. Objective findings indicate the patient ambulates with a slightly antalgic gait and that there are no signs of sedation. Diagnoses include Lumbosacral radiculopathy and chronic lumbar pain. Treatment recommendations indicate that the patient's medications will be refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound-Keto/Lido/Baclo (Retro): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 111-113.

Decision rationale: Regarding the request for C-KETO/LIDO/BACLO (RETRO), CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical Lidocaine is "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)." Additionally, it is supported only as a dermal patch. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Additionally, guidelines do not support the use of topical Lidocaine in non-patch form or topical muscle relaxants. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested C-Keto/Lido/Baclo (Retro) is not medically necessary.