

Case Number:	CM14-0038792		
Date Assigned:	06/27/2014	Date of Injury:	10/14/2005
Decision Date:	07/29/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/02/2014

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 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:

According to the records made available for review, this is a 47-year-old male with a 10/14/05 date of injury, and status post L5-S1 microdiscectomy 8/8/13. At the time (3/11/14) of request for authorization for compound: ketoprofen 20%/ketamine 10% gel 120 gm there is documentation of subjective (constant low back pain rated 8/10 with radiation to the right lower extremity) and objective (lumbosacral paraspinal spasms and tenderness, weakness in the right extensor hallucis longus, tibialis anterior, and gastrocnemius rated 4/5) findings, current diagnoses (herniated nucleus pulposus at L5-S1 levels with right lower extremity radiculopathy, status post microdiscectomy at L5-S1, and rule out disc herniation at L5-S1), and treatment to date (topical creams).

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND: KETOPROFEN 20%/KETAMINE 10% GEL 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/TOPICAL ANALGESICS.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus at L5-S1 levels with right lower extremity radiculopathy, status post microdiscectomy at L5-S1, and rule out disc herniation at L5-S1. However, compound: ketoprofen 20%/ketamine 10% gel 120 gm contains at least one drug (ketoprofen) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for compound: ketoprofen 20%/ketamine 10% gel 120 gm is not medically necessary.