

Case Number:	CM14-0042894		
Date Assigned:	06/30/2014	Date of Injury:	08/28/2008
Decision Date:	07/31/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/09/2014

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 35-year-old male with a 8/28/08 date of injury. At the time (3/29/14) of request for authorization for Compounded topical medication, there is documentation of subjective (right shoulder, right arm, and right hip pain) and objective (tenderness in right shoulder and medial and lateral elbow, strength 5/5 bilaterally in upper and lower extremities, limited abduction due to pain, no swelling in joints, sensation intact and equal in upper and lower extremities) findings, current diagnoses (enthesopathy of elbow, unspecified, wrist tendonitis, elbow pain, right, and hip pain, right), and treatment to date (physical therapy). 3/13/14 medical report indicates compound medication contains Ketoprofen, Lidocaine, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded topical medication: Upheld

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

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 enthesopathy of elbow, unspecified, wrist tendonitis, elbow pain, right, and hip pain, right. However, given documentation that the requested Compounded topical medication contains Ketoprofen, Lidocaine, and Gabapentin, there is documentation that the requested compound topical medication contains at least one drug (Ketoprofen, Lidocaine, and Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compounded topical medication is not medically necessary.