

Case Number:	CM14-0048017		
Date Assigned:	07/02/2014	Date of Injury:	11/09/1990
Decision Date:	08/01/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/16/2014

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 Georgia. 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 claimant is a 50-year-old male presenting with chronic pain following a work-related injury on November 9, 1990. On March 12, 2014 the claimant complained of severe left lower extremity pain. The provider noted that the claimant active problems included arthralgia of the ankle/foot, hypertension, morbid obesity and reflex sympathetic dystrophy of the lower limb. The claimant's relevant medications include Cymbalta, hydrocodone, Ambien, Lidoderm patches, various compounded creams, and Gabitril. The claimant's physical exam was nonsignificant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ket/Bu/Dic/Dox/Gab/Orp/Pen.Ibu 10/1/3/3/6/5/3 3% Cream X 2 Refills: 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 Page(s): 111-112.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines topical analgesics are largely experimental in use with a few randomized controlled trials to determine efficacy or safety, and any compounded product that contains at least one drug

or drug class that is not recommended is not recommended. Additionally, guidelines state Ketoprofen, a topical NSAID, is indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow, or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. Therefore, this compounded topical cream is not medically necessary.

Kgel Cream 10/6/0.2/5% Cream X 1 Refill: 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 Page(s): 111-112.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines topical analgesics are largely experimental in use with a few randomized controlled trials to determine efficacy or safety, and any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, guidelines state that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). The claimant was not diagnosed with neuropathic pain. The claimant was diagnosed with lumbar sprain/strain which is non-neuropathic pain syndrome. Finally, Ketoprofen, a topical NSAID, is indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow, or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. Therefore, this compounded topical cream is not medically necessary.