

Case Number:	CM14-0051975		
Date Assigned:	07/07/2014	Date of Injury:	06/12/2007
Decision Date:	12/31/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/21/2014

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 Emergency 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 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 injured worker is a 42 year-old female, who sustained an injury on June 12, 2007. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included medications. The current diagnosis is generalized pain. The stated purpose of the request for Compound Medication: Keto/Lido/Cap/Tram 60 count was not noted. The request for compound medication: Keto/Lido/Cap/Tram 60 count was denied on March 11, 2014, citing a lack of documentation of failed trials of first-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Keto/ Lido/Cap/Tram 60 count: Upheld

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

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

Decision rationale: The requested Compound Medication: Keto/Lido/Cap/Tram #60 is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the

treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has chronic pain. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Compound Medication: Keto/Lido/Cap/Tram 60 count is not medically necessary.