

Case Number:	CM14-0054822		
Date Assigned:	07/07/2014	Date of Injury:	10/28/2011
Decision Date:	08/29/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational 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:

Patient is a 43-year-old female who has submitted a claim for right knee internal derangement, lumbar sprain/strain with radiculopathy, and generalized pain associated with an industrial injury date of 10/28/2011. Medical records from 2013 were reviewed. Patient complained of residual right knee pain and weakness status post arthroscopy. Patient likewise reported low back pain. She continued to experience difficulties in performing prolonged sitting, standing, walking, stair climbing, pushing, pulling, kneeling, stooping, and squatting. Physical examination of the right knee showed crepitus and tenderness. Examination of the lumbar spine showed spasm, tenderness, and restricted range of motion. Sensation was diminished at bilateral L5 and S1 dermatomes. Treatment to date has included right knee arthroscopy, physical therapy, and medications. Utilization review from 04/15/2014 denied the retrospective request (DOS: 1/30/13) for compounded topical cream containing: Ketoprofen 10%, Lidocaine 10%, Baclofen 10%; retrospective request (DOS: 2/26/13) for compounded topical cream containing: Ketoprofen 10%, Lidocaine 10%, Baclofen 10%; retrospective request (DOS: 3/25/13) for compounded topical cream containing: Ketoprofen 10%, Lidocaine 10%, Baclofen 10%; and retrospective request (DOS: 6/27/13) for compounded topical cream containing: Ketoprofen 10%, Lidocaine 10%, Baclofen 10% due to little evidence to utilize topical non-steroidal anti-inflammatory drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip, or shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 1/30/13) for compounded topical cream containing: Ketoprofen 10%, Lidocaine 10%, Baclofen 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Baclofen in a topical formulation is not supported by the guidelines. In this case, the medical records submitted and reviewed failed to provide rationale for the compounded medication. The medication likewise contains components, i.e., ketoprofen, lidocaine, and baclofen that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the retrospective request (DOS: 1/30/13) for compounded topical cream containing: Ketoprofen 10%, Lidocaine 10%, Baclofen 10% was not medically necessary.

Retrospective request (DOS: 2/26/13) for compounded topical cream containing: Ketoprofen 10%, Lidocaine 10%, Baclofen 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Baclofen in a topical formulation is not supported by the guidelines. In this case, the medical records submitted and reviewed failed to provide rationale for the compounded medication. The medication likewise contains components, i.e., ketoprofen, lidocaine, and baclofen that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the Retrospective request (DOS: 2/26/13) for compounded topical cream containing: Ketoprofen 10%, Lidocaine 10%, Baclofen 10% was not medically necessary.

Retrospective request (DOS: 3/25/13) for compounded topical cream containing: Ketoprofen 10%, Lidocaine 10%, Baclofen 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Baclofen in a topical formulation is not supported by the guidelines. In this case, the medical records submitted and reviewed failed to provide rationale for the compounded medication. The medication likewise contains components, i.e., ketoprofen, lidocaine, and baclofen that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the Retrospective request (DOS: 3/25/13) for compounded topical cream containing: Ketoprofen 10%, Lidocaine 10%, Baclofen 10% was not medically necessary.

Retrospective request (DOS: 6/27/13) for compounded topical cream containing: Ketoprofen 10%, Lidocaine 10%, Baclofen 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Baclofen in a topical formulation is not supported by the guidelines. In this case, the medical records submitted and reviewed failed to provide rationale for the compounded medication. The medication likewise contains components, i.e., ketoprofen, lidocaine, and baclofen that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the Retrospective request (DOS: 6/27/13) for compounded topical cream containing: Ketoprofen 10%, Lidocaine 10%, Baclofen 10% was not medically necessary.