

Case Number:	CM14-0066368		
Date Assigned:	07/11/2014	Date of Injury:	06/17/2003
Decision Date:	08/22/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/09/2014

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 54-year-old male with a 6/17/13 date of injury. At the time (3/17/14) of request for authorization for Pharmacy purchase of Compound Drug #240 (ketoprofen powder, gabapentin powder, lidocaine powder hcl, steril water sol irrig, ethoxy ethnl liq reagent, dimethyl sol sulfoxid, pentravan cream plus), there is documentation of subjective (low back pain, lower extremity pain, muscle spasm, and tightness of muscles, throbbing, and spastic pain across the low back) and objective (bilateral lumbar paraspinous tenderness at L3 to S1, 1 to 2+ muscle spasms, lumbar flexion 45 degrees, extension 10 degrees, bilateral lateral flexion 15 degrees, hypesthesia over right lateral calf and lateral aspect of right foot, left lateral thigh, calf and dorsum of left foot, and Achilles reflex 1+ on left and trace on right) findings, current diagnoses (lumbar spine sprain/strain with degenerative disc disease and lumbar radiculopathy bilateral lower extremity, improved status post epidural injection), and treatment to date (physical therapy, L5-S1 transforaminal epidural steroid injection, and medications (including indomethacin, tramadol, zantac, and gabapentin)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Compound Drug #240 (ketoprofen powder, gabapentin powder, lidocaine powder hcl, steril water sol irrig, ethoxy ethnl liq reagent, dimethyl sol sulfoxid, pentravan cream plus: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 111-113, 2010 Revision, web Edition; Official Disability Guidelines: Web Edition.

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 lumbar spine sprain/strain with degenerative disc disease and lumbar radiculopathy bilateral lower extremity, improved status post epidural injection. However, the requested Pharmacy purchase of Compound Drug #240 (ketoprofen powder, gabapentin powder, lidocaine powder hcl, steril water sol irrig, ethoxy ethnl liq reagent, dimethyl sol sulfoxid, pentravan cream plus) cream contains at least one drug (Ketoprofen, gabapentin, lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Pharmacy purchase of Compound Drug #240 (ketoprofen powder, gabapentin powder, lidocaine powder hcl, steril water sol irrig, ethoxy ethnl liq reagent, dimethyl sol sulfoxid, pentravan cream plus) is not medically necessary.