

Case Number:	CM14-0068802		
Date Assigned:	07/14/2014	Date of Injury:	05/09/2008
Decision Date:	10/02/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 58-year-old female who reported an injury 05/09/2008 the mechanism of injury was not provided within the medical records. The clinical note dated 06/16/2014 indicated diagnosis of lumbar radiculopathy. The injured worker is status post epidural injection with 40% improvement in her lower back and in her leg pain. The injured worker continued to report intermittent discomfort and associated numbness and tingling down both lower extremities; however, the injured worker reported the intensity and frequency had improved. On physical examination of the lumbar spine, the injured worker had mild myofascial spasms. The injured worker has positive Facet loading bilaterally. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for topical compound. A Request for Authorization was not submitted for review, to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream: Dicofenac 10%, Ketoprofen 10% Ketamine 10%, Lidocaine 5% 240 grams with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, ketoprofen is not currently FDA approved for topical application. Moreover, the guidelines indicate that topical ketamine is under study and is only recommended in treatment of neuropathic pain, which is refractory to all primary and secondary treatment. In addition, the guidelines recommend lidocaine in the formulation of the dermal patch Lidoderm. Therefore, lidocaine is not recommended. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the request does not provide a frequency or quantity. In addition, the provider did not indicate a rationale for the request. Therefore, the request for Compound Cream: Diclofenac 10%, Ketoprofen 10% Ketamine 10%, Lidocaine 5% 240 grams with 6 refills is not recommended.