

Case Number:	CM14-0075910		
Date Assigned:	07/16/2014	Date of Injury:	08/22/2000
Decision Date:	08/22/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/23/2014

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, 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 58-year-old male with a 8/22/00 date of injury, and L3-L4 posterior dynamic fusion on 9/7/07. At the time (2/5/14) of request for authorization for 1 prescription of topical compound Flurbiprofen 20% 120G and 1 prescription of topical compound Ketoprofen 20% / Ketamine 10% 120g, there is documentation of subjective (neck pain, low back pain radiating to bilateral lower extremities, and right shoulder pain radiating to right upper extremity) and objective (no tenderness over the lumbar spine, negative straight leg raising test, and negative Kemp's test) findings, current diagnoses (failed back surgery syndrome, chronic pain syndrome, and chronic low back pain), and treatment to date (medications (including Skellax, Norco, Nexium, Senna, Flexeril, and Cymbalta) epidural steroid injections, and home exercise program). Regarding topical Flurbiprofen, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment; and failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of topical compound Flurbiprofen 20% 120G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal antiinflammatory agents (NSAIDs); Topical Analgesics, Compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of failed back surgery syndrome, chronic pain syndrome, and chronic low back pain. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, there is no documentation of the intention to treat over a short-term course (4-12 weeks). Furthermore, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of topical compound Flurbiprofen 20% 120G 240 is not medically necessary.

1 prescription of topical compound Ketoprofen 20% / Ketamine 10% 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal antiinflammatory agents (NSAIDs); Topical Analgesics, Compounded.

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 any compounded medications containing 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 failed back surgery syndrome, chronic pain syndrome, and chronic low back pain. However, topical compound Ketoprofen 20% / Ketamine 10% 120g contains at least one component (Ketoprofen) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of topical compound Ketoprofen 20% / Ketamine 10% 120g is not medically necessary.