

Case Number:	CM14-0076639		
Date Assigned:	07/18/2014	Date of Injury:	04/11/2005
Decision Date:	10/14/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/27/2014

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 Internal 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 57 year old female who was injured on 04/11/05 sustaining chronic neck pain and back pain. The mechanism of injury was not documented in the clinical notes submitted for review. Current diagnoses include cervical radiculopathy, fibromyalgia syndrome, lumbar/thoracic radiculopathy, occipital neuralgia, and adjustment disorder with mixed anxiety and depressed mood. Prior treatments include passive physical therapy, trigger point injections and exercise program. Clinical note dated 01/14/14 indicated the injured worker presents with constant pain in the back, described as aching, heavy, pressure-like, stabbing and stinging. The pain radiates to bilateral lower extremities and pain level at its worst is 10/10, and on the average about 8/10. Pain is made worse by bending, changing position, coughing, cold weather, climbing and going down the stairs, driving, increased activity, lying flat, lifting, sitting for prolonged periods sleeping, turning, and walking. Pain gets better with injections and medications. Clinical documentation indicated also the injured worker is much netter psychologically since she was on Lexapro. The injured worker indicated pain is severe in the low back and neck. Clinical note dated 02/25/14 indicated the injured worker underwent greater and lesser occipital nerve block bilaterally. Clinical note dated 05/06.14 indicated the injured worker complains of back pain, which is constant, and described as aching, heavy, pressure-like, stabbing and stinging. He also indicated pain in the muscles continues. Pain radiates to bilateral lower extremities, and pain level is rated as 8/10 on the average, and 10/10 at its worst. Cervical spine examination revealed supple and stiff cervical spine. There is tenderness of the cervical paraspinal musculature, splenius capitis, splenius cervicis, trapezius, rhomboids, supraspinatus and infraspinatus muscles of the head and neck musculature. Palpation of the cervical facets revealed right sided pain C3-C7 and left sided pain C3-C7. There were hyperirritable spots with palpable nodules in taut bands. Lumbar spine examination revealed tenderness in the right and

left paraspinal musculature. There was increased tone and tenderness in the erector spinae, longissimus thoracis, iliocostalis lumborum, spinalis thoracic and semispinalis thoracic muscles. There were hyperirritable spots with palpable nodules in the taut bands. Anterior flexion of lumbar spine is noted to be 20 degrees, with pain, and extension of the lumbar spine to be 20 degrees and with pain. Trigger points with jump sign on palpation and localized muscular pain. There was also significant pain on palpation of the occipital nerves. Clinical documentation indicated that surgery is not indicated. Plan of management include topical cream with Ketamine/Lidocaine/Ketoprofen/Carbamazepine and Savella for fibromyalgia syndrome, LESI authorization and Ibuprofen for lumbar radiculopathy, Lexapro and Ambien for adjustment disorder, and Percocet 10-325mg tab. The previous request for the compound medication containing Ketoprofen, Lidocaine, Ketamine 120gms, 30 day supply with 4 refills, was non-certified on 05/07/14

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD- Ketoprofe/ Lidocaine/ Ketamine Day Supply: 30 quantity: 120 Refills: 4: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains ketoprofen, lidocaine, and ketamine which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound medication containing Ketoprofen, Lidocaine, and Ketamine cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.