

Case Number:	CM14-0079209		
Date Assigned:	07/18/2014	Date of Injury:	02/20/2009
Decision Date:	11/05/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/29/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 20, 2009. The applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy-diskectomy surgery; epidural steroid injection therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 6, 2014, the claims administrator denied a request for a topical compounded drug. The applicant's attorney subsequently appealed. In a May 15, 2014 progress note, the applicant presented with chronic low back pain radiating to the bilateral lower extremities, 6/10. Naprosyn, a cyclobenzaprine-containing cream, and a ketoprofen-containing cream were seemingly endorsed, along with lumbar support, acupuncture, and permanent work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Keto Lido Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Topical Analgesics: Pages: 111-112

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: As noted on 112 of the Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the cream in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals, including Naprosyn, effectively obviates the need for the largely experimental topical compound at issue. Therefore, the request is not medically necessary.