MAXIMUS Federal Services

Case Number:	CM14-0080299		
Date Assigned:	07/18/2014	Date of Injury:	07/11/2012
Decision Date:	09/12/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/31/2014

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 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 47-year-old male who reported an injury on 07/11/2012. The mechanism of injury was not provided. On 04/21/2014, the injured worker presented with complaints of pain in the shoulder blades and low back. Upon examination, there was +2 tenderness to palpation of the thoracic paravertebral muscles and spasm over the thoracic paravertebral muscles, 3+ tenderness to palpation over the L3 to L5, spinous processes and lumbar vertebral muscles and muscle spasm noted. The diagnoses were thoracic musculoligamenous injury, lumbar muscle spasm, and lumbar radiculopathy, status post-surgery of the lumbar spine, anxiety, and depression. A current medication list was not provided. The provider recommended topical compounded creams. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%, Lidocaine 10%, Dexamethasone 4% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

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

Decision rationale: The request for Ketoprofen 20%, Lidocaine 10%, Dexamethasone 4% 240gm is not medically necessary. The California MTUS Guidelines state that transdermal compounds 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. Any compounded product that contains at least one drug that is not recommended is not recommended. Agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, Adenosine, Cannabinoids, Cholinergic receptor agonists, Prostanoids, Bradykinin, Adenosine Triphosphate, Biogenic Amines, and nerve growth factors. There is little to no research to support the use of many of these agents. There is lack of documentation the injured worker has failed a trial of an antidepressant or anticonvulsant. Additionally, the provider's request did not indicate the site that the cream is intended for or the frequency of the medication in the request as submitted therefore this request is not medically necessary.

Flurbirofen 30%, Diclofenac 20%, Tramadol 20%, 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

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

Decision rationale: The request for Flurbirofen 30%, Diclofenac 20%, Tramadol 20%, 240gm is not medically necessary. The California MTUS Guidelines state that transdermal compounds 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. Any compounded product that contains at least one drug that is not recommended is not recommended. Agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, Adenosine, Cannabinoids, Cholinergic receptor agonists, Prostanoids, Bradykinin, Adenosine Triphosphate, Biogenic Amines, and nerve growth factors. There is little to no research to support the use of many of these agents. There is lack of documentation the injured worker has failed a trial of an antidepressant or anticonvulsant. Additionally, the provider's request did not indicate the site that the cream is intended for or the frequency of the medication in the request as submitted therefore, this request is not medically necessary.