

Case Number:	CM14-0184410		
Date Assigned:	11/12/2014	Date of Injury:	11/11/2009
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/05/2014

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 November 11, 2009. In a Utilization Review Report dated October 23, 2014, the claims administrator failed to approve a request for a ketoprofen-ketamine containing topical compounded drug. The claims administrator stated that its decision was based on an October 13, 2014 progress note. On October 30, 2014, the applicant's primary treating provider noted that the applicant had ongoing issues with traumatic hearing loss. In a psychiatric medical-legal evaluation dated October 14, 2014, the applicant was given a primary operating diagnosis of major depressive disorder (MDD) with resultant global assessment of function (GAF) of 53 and associated 25% whole person impairment. In a progress note dated October 30, 2014, the applicant reported persistent complaints of neck and low back pain status post earlier cervical fusion surgery. The applicant was given prescriptions for oral Voltaren, oral Ultracet, and several topical compounded creams, including a ketoprofen-ketamine compound as well as a gabapentin-cyclobenzaprine-capsaicin compound. The applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%, Ketamine 10% cream 120gm: Upheld

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

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Voltaren and Ultracet, furthermore, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded drug at issue. Therefore, the request was not medically necessary.