

Case Number:	CM14-0187329		
Date Assigned:	11/17/2014	Date of Injury:	09/19/2013
Decision Date:	01/06/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 patient is a 28-year-old male who has submitted a claim for post-traumatic headaches, cervical sprain, right shoulder sprain / strain, lumbar herniated disc with spondylolisthesis, and sleep disorder associated with an industrial injury date of 9/19/2013. Medical records from 2014 were reviewed. The patient complained of neck pain, low back pain, left shoulder pain, and sleep disorder. He described limitation in activities of daily living when doing prolonged standing, walking, repetitive bending, pushing, and pulling. Examination of the cervical spine showed limited motion, positive cervical compression test, and positive distraction test. Tenderness was noted at both shoulders and left paralumbar muscles. Reflexes, motor and sensory were intact. Treatment to date has included physical therapy, cyclobenzaprine, ibuprofen, naproxen, omeprazole, and tramadol. The utilization review from 10/17/2014 denied the request for compound medication ketoprofen 5%, baclofen 2%, cyclobenzaprine 2%, gabapentin 10%, lidocaine 2%#240gms because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

compound medication ketoprofen 5%, baclofen 2%, cyclobenzaprine 2%, Gabapentin 10%, lidocaine 2%#240gms: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Cyclobenzaprine and baclofen are not recommended for use as a topical analgesic. CA MTUS does not support the use of opioid medications and gabapentin in a topical formulation. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains ketoprofen, baclofen, cyclobenzaprine, gabapentin, and lidocaine which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for compound medication ketoprofen 5%, baclofen 2%, cyclobenzaprine 2%, gabapentin 10%, lidocaine 2%#240gms is not medically necessary.