

Case Number:	CM14-0193149		
Date Assigned:	11/26/2014	Date of Injury:	10/13/2011
Decision Date:	01/13/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/18/2014

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 (IW) is a 37-year-old man with a date of injury of October 13, 2011. The mechanism of injury was not documented in the medical record. Pursuant to the Primary Treating Physician's Progress Report dated April 8, 2013, documentation indicated that the IW is awaiting authorization to proceed with his epidural steroid injection and he remains symptomatic. Objective physical examination reveals non-antalgic gait and is able to heel to toe walk without difficulty. On examination of the thoracic spine, there is tenderness to palpation (TTP) in the right upper, mid, and lower paravertebral muscles. There is mild limitation of motion. On examination of the lumbar spine, there is TTP in the right upper, mid, and lower paravertebral muscles. Straight leg raise test and rectus femoris stretch sign do not demonstrate any nerve irritability. Pelvis, hip, and examination of the calves were unremarkable. There is patchy decreased sensation in the right lower extremity most notable in the L5 distribution. The current diagnoses include thoracolumbar spine strain; right lumbar radicular syndrome; thoracic disc bulging at T3-T4, T6-T7, T7-T8, T8-T9, T9-T10, T10-T11, T11-T12, and T12-L1; and lumbar disc bulging at L2-L3 and L5-S1. The provider reports that he has provided medications with instructions for appropriate and judicious use including Ketoprofen gel. This is a retrospective request for Ketoprofen/Lidocaine gel for the lumbar spine, date of service of April 15, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 04/15/2013) Ketoprofen/Lidocaine for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective (date of service April 2013) Ketoprofen/Lidocaine for the lumbar spine is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not FDA approved. No other commercially approved topical formulation of lidocaine, other than Lidoderm patch, whether creams, lotions or gels is indicated for neuropathic pain. In this case, the requesting physician ordered Ketoprofen/Lidocaine for the lumbar spine. Ketoprofen is not FDA approved. Lidocaine in any form, other than Lidoderm patch, is not commercially approved for topical use for neuropathic pain. Any compounded product that contains at least one drug (Ketoprofen and Lidocaine) that is not recommended is not recommended. Topical Ketoprofen/Lidocaine is therefore not recommended. Consequently, retrospective (date of service April 2013) Ketoprofen/Lidocaine for the lumbar spine is not medically necessary.