

Case Number:	CM14-0194026		
Date Assigned:	12/01/2014	Date of Injury:	07/25/2008
Decision Date:	03/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 53-year-old female who reported an injury on 07/25/2008. The mechanism of injury was due to cumulative trauma. Her relevant diagnoses include lumbago; cervicgia; and lumbar disc disease. Past treatments included medications, injections, physical therapy, acupuncture, and psychiatric treatment. On 10/29/2014, the injured worker presented complaining of ongoing low back pain, right foot pain, left foot pain, and left hip pain rated 4/10 to 8/10 with limitations of ADLs. The physical examination revealed tenderness to the lumbar midline paraspinals, with positive muscle spasms and limited motion. The lumbar spine had a negative straight leg raise bilaterally, and negative faber's test bilaterally. The cervical spine examination revealed tenderness to the midline paraspinal, with positive muscle spasms, with limited range of motion. The left hip exam revealed limited range of motion, no instability, tenderness over the trochanteric bursa. The left foot examination revealed tenderness to palpation about the mid foot; no instability; no malrotation of digits, no signs of infection, and tenderness over the plantar fascia. The right foot examination revealed tenderness to palpation about the mid foot; no instability; no malrotation of digits, no signs of infection, and tenderness over the plantar fascia. Relevant medications included pantoprazole 20 mg and cyclobenzaprine 7.5 mg. The treatment plan included compound medication (ketoprofen/diclofenac/cyclobenzaprine/gabapentin/lidocaine/ethoxydiglycol/VersaPro cream 240 mg. A rationale was not provided. A Request for Authorization form was submitted on 12/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication(Ketoprofen/ Diclofenac/ Cyclobenzaprine/ Gabapentin/ Lidocaine/ Ethoxy Diglycol/ Versapro Cream 240mg: 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): 111-112.

Decision rationale: The request for compound medication (ketoprofen/diclofenac/cyclobenzaprine/gabapentin/lidocaine/ethoxydiglycol/VersaPro cream 240 mg is not medically necessary. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is therefore not recommended. More specifically, the compound contains lidocaine, which is not commercially approved in the formulations of creams, lotions, or gels. The compound also contains gabapentin, which is not recommended, as there is no peer reviewed literature to support its use. The compound also contains muscle relaxants, which are also not recommended, as there is no evidence for use of any other muscle relaxant as a topical product. The injured worker was indicated to have chronic complaints of the lumbar spine, cervical spine, left hip, and bilateral feet. However, there was a lack of documentation to indicate the injured worker had failed a trial of antidepressants or anticonvulsants. Furthermore, the compound contains multiple drug formulation classes that are not supported and not recommended by the guidelines. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.