

Case Number:	CM14-0198183		
Date Assigned:	12/08/2014	Date of Injury:	05/19/2003
Decision Date:	01/20/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/25/2014

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 40-year-old woman with a date of injury of May 19, 2003. The mechanism of injury was not documented in the medical record. The current diagnoses are cervical sprain; upper back strain; status post posterior spinal fusion with pedicular instrumentation at L5-S1; status post removal of hardware, repair of pseudoarthrosis as well as posterior spinal fusion at L4-S1 on October 13, 2005; status post anterior spinal fusion at L4-S1, November 2005; status post hardware removal and exploration of fusion, May of 2009. Pursuant to the Primary Treating Physician Progress Report (PR-2) dated October 21, 2014, the IW complains of pain in the lower lumbar region with the pain increasing with activities. Examination of the lumbar spine revealed restricted range of motion with pain. Muscle spasms are present. Straight leg raise test is positive on the left, and negative on the right. The IW was given a localized trigger point injection into the sacroiliac distribution using a combination of Depo-Medrol, Bupivacaine and Lidocaine. The IW was provided with a refill of Norco and Nexium. The IW noticed reduced pain immediately. The treating physician is requesting prospective usage of Lidocaine/Ketoprofen cream. The request is absent a quantity and directions for use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/ Ketoprofen cream: 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 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, Lidocaine/Ketoprofen cream is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and 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 (with drug class) that is not recommended, is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. Topical Ketoprofen is not FDA approved. In this case, the injured worker is a 40-year-old woman with a date of injury May 19, 2003. The injured worker's primary complaints are in the lower lumbar region and in the neck with increased pain radiating to both upper extremities. Lidocaine cream is not indicated for neuropathic pain. Ketoprofen is not FDA approved. Any compounded product that contains at least one drug (lidocaine cream and ketoprofen) that is not recommended, is not recommended. The topical compound Lidocaine/Ketoprofen cream does not have a quantity nor other directions. Consequently, the topical compound Lidocaine/Ketoprofen cream is not recommended. Based on the political information and medical records and the peer-reviewed evidence-based guidelines, Lidocaine/Ketoprofen cream is not medically necessary.