

Case Number:	CM14-0200094		
Date Assigned:	12/10/2014	Date of Injury:	05/15/2009
Decision Date:	01/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 May 15, 2009. In a utilization review report dated November 19, 2014, the claims administrator denied a request for a ketoprofen-containing topical compound. The claims administrator referenced progress notes of August 17, 2014, September 9, 2014, October 8, 2014, and October 31, 2014 in its denial. The applicant's attorney subsequently appealed. In a November 12, 2014 progress note, the applicant reported ongoing complaints of low back pain, 10/10 without medications versus 7/10 with medications. The applicant was using Norco, Flexeril, Soma, Dilaudid, and Halcion, it was acknowledged. The applicant was status post earlier lumbar and cervical fusion procedures. There was no mention of the topical compounded agent on this occasion. On May 21, 2014, the applicant received refills of Soma, Halcion, Norco, and Relafen. Toradol injections were performed for a reported flare of pain. The applicant's work status was not provided. There was no mention of the topical compounded agent on this occasion, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprophen 20%, Loperamide 7%, Menthol 5%, Capacaicin 0.0375%, Pain/Inflammation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 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, is not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, Relafen, Dilaudid, etc., furthermore, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deemed the "largely experimental" topical compounded agent at issue. Therefore, the request is not medically necessary.