

Case Number:	CM14-0203720		
Date Assigned:	12/16/2014	Date of Injury:	04/05/2011
Decision Date:	02/25/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 48-year-old man with a date of injury of April 5, 2011. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are lumbar strain; lumbar disc protrusion; lumbar radiculitis; muscle spasm; sexual dysfunction; insomnia; and gastritis. Pursuant to the progress note dated October 16, 2014, the IW reports more headaches associated with pain in the lumbar spine. The pain is described as a constant pulsating sensation during the day. The IW uses Motrin to relieve the pain. Pain is rated 8-9/10 on the 0-10 pain scale. Examination of the lumbar spine reveals tenderness in the mid sacral area. The IW can flex to slightly below the knees. Straight leg raise test is positive at 60 degrees on the right and left sides. Sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. The treatment plan includes Tramadol 50mg, urine drug screen, Prilosec 20mg, and K-Rub-II cream for local application. The current request is for K-Rub II #120 gms. (Ketoprofen 10%, Cyclobenzaprine 1%, Lidocaine 5%, Baclofen 10%, Gabapentin 10%, and Ultra Derm Base 64%).

IMR ISSUES, DECISIONS AND RATIONALES

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

K-Rub II 120 gm (10% Ketoprofen/ 1% Cyclobenzaprine/ 5% Lidocaine/ 10% Baclofen/ 10% Gabapentin and 64% Ultra Derm Base) 2-3 x day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, K rub II 120 gm (10% Ketoprofen/1% Cyclobenzaprine/5% Lidocaine/10% Baclofen/10% Gabapentin and 64% ultra derm base) apply two to three times per day is not medically necessary. Topical analgesics are largely experimental with few 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. Cyclobenzaprine is not recommended. Lidocaine and ultra derm base is not indicated. Gabapentin is not recommended. Baclofen is not recommended. In this case, the injured worker's working diagnoses are lumbar strain; lumbar disc protrusion; lumbar radiculitis; muscle spasm; sexual dysfunction; insomnia; and gastritis. Any compounded product that contains at least one drug (Ketoprofen, Cyclobenzaprine, Lidocaine in Ultra Derm Base, Gabapentin) that is not recommended is not recommended. Consequently, K rub II 120 gm (10% Ketoprofen/1% Cyclobenzaprine/5% Lidocaine/10% Baclofen/10% Gabapentin and 64% Ultra Derm base) is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, K rub II 120 gm (10% Ketoprofen/1% Cyclobenzaprine/5% Lidocaine/10% Baclofen/10% Gabapentin and 64% Ultra Derm base) apply two to three times per day is not medically necessary.