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| Case Number: | CM14-0058657 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 11/22/2011 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 04/01/2014 |
| Priority: | Standard | Application Received: | 04/29/2014 |

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 is a 45-year-old male who reported an injury on 11/22/2011. The mechanism of injury was not provided. His diagnoses were noted as cervicolumbar 2 mm disc herniation, lumbar spine disc herniation at L4-5 with right lower extremity radiculopathy, anxiety, depression, stress, and insomnia. His past therapies were noted to include acupuncture, medication, and topical cream. His diagnostic studies and surgical history were not provided. Surgical history was not provided. During the assessment on 02/21/2014, the injured worker complained of intermittent neck pain that radiated into the bilateral upper extremities with associated numbness and tingling, the right being worse than the left. He rated the pain 7/10. He also complained of constant low back pain which radiated to the bilateral lower extremities with associated numbness and tingling. The low back pain was also worse on the right than the left. He rated the low back pain 7/10. He reported that his neck and low back pain felt the same since the last visit. The physical examination of the cervical spine revealed paraspinal spasms and tenderness to palpation over the cervical paravertebral musculature. A physical examination of the lumbar spine revealed paraspinal spasms and tenderness to palpation over the lumbar paravertebral musculature. There was a positive straight leg raise to the right and negative to the left. His motor strength testing revealed weakness in the tibialis anterior and extensor hallucis longus muscle groups at 4/5. His motor strength as 5/5 in all remaining muscle groups. His medication was noted as topical creams, ibuprofen, Medrox patches, and Norco. Doses and frequencies were not provided. The treatment plan was to continue acupuncture and topical creams. The rationale for the medication compounds-flubiprofen 20%, ketoprofen 20%, ketamine 10% gel was not provided. The Request for Authorization From was dated 12/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication compounds-Flurbiprofen 20%, Ketoprofen 20%, Ketamine 10% Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 56, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for medication compounds-flurbiprofen 20%, ketoprofen 20%, ketamine 10% gel is not medically necessary. During the assessment on 02/21/2014, the patient complained of intermittent neck pain and constant low back pain. The neck pain radiated into the bilateral upper extremities and the low back pain radiated into the bilateral lower extremities. Both were associated with numbness and tingling. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drugs class) that is not recommended, is not recommended. The requested compound cream contains flurbiprofen, ketoprofen, and ketamine. In regards to flurbiprofen and ketoprofen, the guidelines state that topical NSAIDs may be used for osteoarthritis and tendinitis, in particular, that of the knee and elbow, or other joints that are amenable to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The use of topical NSAIDs is not recommended for neuropathic pain, as there is no evidence to support use. Topical ketoprofen is currently not FDA approved for topical application. In regards to ketamine, the guidelines state that it is only recommended for treatment of neuropathic pain in refractory cases when all primary and secondary treatment has been exhausted. There is a lack of subjective complaints of neuropathic pain and adequate documentation regarding failure of antidepressants and anticonvulsants. There was no documentation indicating the injured worker had osteoarthritis or tendinitis to a joint amenable to topical treatment to justify the need for a topical NSAID. There was no rationale indicating why the injured worker would require a topical cream versus oral medication. The dose, quantity, frequency, and application site for the proposed medication were also not provided. Given the above, the request for medication compounds-flurbiprofen 20%, ketoprofen 20%, ketamine 10% gel is not medically necessary.