

Case Number:	CM15-0004804		
Date Assigned:	01/16/2015	Date of Injury:	07/24/2010
Decision Date:	03/12/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/09/2015

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 is a 38 year old female, who sustained an industrial injury on 07/24/2010. On provider visit dated 12/08/2014, she has reported moderated low back pain and right leg radicular pain. The diagnoses have included L5-S1 herniated nucleus pulposus, L5-S1 degenerative disc disease, S1 radiculopathy, neurogenic bladder, and perineal numbness and vaginal pain. On examination she was noted to have tenderness on palpation to cervical spine and lumbar spine area with a limited range of motion related to pain. Treatment to date has included home exercise program, Ibuprofen, and compounded cream. The injured worker received a prescription for compound cream Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Ketoprofen 15% and Lidocaine a 5%, one jar. On 12/30/2014 Utilization Review non-certified, Compounded cream: Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Ketoprofen 15% and Lidocaine a 5%, one jar. The MTUS, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded cream: Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Ketoprofen 15% and Lidocaine a 5%, one jar: 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 Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Ketoprofen 15% Lidocaine 5% one jar is not medically necessary. Topical analgesics are largely experimental with few controlled 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. Topical Ketamine is not recommended except for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical baclofen is not recommended. Topical cyclobenzaprine is not recommended. Topical ketoprofen is not FDA approved. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gel is indicated for neuropathic pain. Lidocaine in non-Lidoderm form is not recommended. In this case, the worker's working diagnoses are L5-S1 HNP; L5-S1 DDD; S1 radiculopathy; neurogenic bladder; and perineal numbness and vaginal pain. Subjectively, the worker complains of low back pain that radiates into the right leg. Lidoderm and compounded creams provide some improvement. Objectively, is normal. There is tenderness to palpation over the cervical and lumbar spine. Range of motion of the back is full, however, somewhat limited by pain. Any compounded product that contains at least one drug (topical ketamine, baclofen, cyclobenzaprine and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, topical Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Ketoprofen 15% Lidocaine 5% is not recommended. Based on the clinical information in the record and the peer-reviewed evidence-based guidelines, topical Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Ketoprofen 15% Lidocaine 5% one jar is not medically necessary.