

Case Number:	CM15-0166655		
Date Assigned:	09/04/2015	Date of Injury:	12/14/1998
Decision Date:	10/09/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/25/2015

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: Arizona, Texas
 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 was a 76 year old male, who sustained an industrial injury, March 27, 1996. The injured worker previously received the following treatments psychotherapy services, group therapy, home care services to assist with activities of daily living. The injured worker was diagnosed with hypertension, diabetes mellitus, heart disease, heart failure, peptic ulcer, major depressive disorder and psychological factors affecting physical health. According to progress note of July 21, 2015, there was no documentation to support the injured worker's complaints. The physical exam noted decreased visual activity bilaterally, cataracts, fundi proliferative diabetic retinopathy and hypertensive eye disease. There was no documentation provided of a physical exam. The request for the compound cream was requested at this visit, however no documentation to support why injured worker was using the cream or where the cream was too be applied. According to the progress note of January 20, 2015, the injured worker walked with an abnormal gait. The treatment plan included Ketoprofen 20%, Lidocaine 5% and Cyclobenzaprine 1% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketopro 20%/ Lido 5%/ Cycl 1% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS section on chronic pain, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case, the documentation doesn't support that the patient has failed treatment with first line analgesic medications. The continued use is not medically necessary.