Case Number:	CM15-0167615		
Date Assigned:	09/08/2015	Date of Injury:	04/01/2005
Decision Date:	10/14/2015	UR Denial Date:	07/30/2015
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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male, who sustained an industrial injury on 4-1-2005. The medical records submitted for this review did not include documentation regarding the initial injury or the prior treatments to date. Diagnoses include lumbar stenosis status post lumbar surgery on 2-9-2012. He complained of a gradual increase in low back pain with radiation of pain and numbness down the left lower extremity. On 7-11-2012, the physical therapy examination documented a positive straight leg raise test bilaterally, decreased lower extremity strength and poor body mechanics. On 11-14-2012, he was evaluated for treatment of the back, knee and ankle. The left knee was painful and the right ankle was improved after an injection received on a previous visit. The physical examination documented decreased right ankle swelling. The left knee was significant for tenderness and crepitation. There was mild back tenderness, improved range of motion, and the straight leg raise test was negative. The appeal requested authorization of a retrospective topical compound, Lidocaine-Cyclobenzaprine-Ketoprofen with date of service 1-17-14. The Utilization Review dated 7-20-15 denied the request per the California MTUS regarding topical analgesics being regarded as largely experimental and further because the requested items were "Non FDA-approved agents."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective topical compound: Lidocaine, Cyclobenzaprine, Ketoprofen (DOS: 01/17/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines recommend the use of Lidoderm for neuropathic pain, but no other formulations including creams are supported for the use of neuropathic pain. Topical ketoprofen is not FDA approved, and not recommended by the MTUS Guidelines. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. As at least one of the medications in the requested compounded medication is not supported by the guidelines, the request for retrospective topical compound: Lidocaine, Cyclobenzaprine, Ketoprofen (DOS: 01/17/2014) is not medically necessary.