

Case Number:	CM15-0031031		
Date Assigned:	02/24/2015	Date of Injury:	03/22/2006
Decision Date:	04/03/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male who sustained an industrial injury on 03/22/2006. Current diagnoses include status post L4-S1 anterior lumbar interbody fusion (ALIF), status post L5-S1 anterior/posterior (AP) fusion, bilateral L4 radiculopathy, L3-4 adjacent segment degeneration, rule out pseudoarthrosis, chronic intractable pain, gastroesophageal reflux disease, and erectile dysfunction. Previous treatments included medication management, lumbar fusion in 2008, and revision surgery in 2009. Report dated 02/03/2015 noted that the injured worker presented with complaints that included lower back, mid scapular, and right knee pain. Pain level was rated as 6 out of 10 with medications on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 02/09/2015 non-certified a prescription for retrospective (DOS 10/29/2013) Ketoprofen 20%, Lidocaine 10%, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%, Lidocaine 10% 240gm, DOS 10/29/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound medications; Topical Analgesics Page(s): 111.

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

Decision rationale: Regarding the request for ketoprofen/lidocaine, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for, "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Topical ketoprofen is, "not currently FDA approved for a topical application. It has an extremely high incidence of photo-contact dermatitis." Topical lidocaine is, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested ketoprofen/lidocaine is not medically necessary.