

Case Number:	CM15-0040295		
Date Assigned:	03/10/2015	Date of Injury:	04/30/2014
Decision Date:	04/22/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

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

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 51 year old male, who sustained an industrial injury on 04/30/2014. He has reported subsequent back pain and was diagnosed with thoracic or lumbosacral neuritis or radiculitis, displacement of lumbar intervertebral disc, lumbosacral spondylosis, knee joint pain and low back pain. Treatment to date has included oral and topical pain medication, physical therapy and surgery. In a progress note dated 12/30/2014, the injured worker complained of low back, neck and right knee pain. Objective findings of the knee were notable for moderate tenderness and crepitus of the knees. A request for authorization of compound liquid for knee joint pain was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound W 17% liquid, (with anti-inflammatory; lidocaine, baclofen, ketoprofen, diclofenac and etc) for external use, bid pm knee joint pain, for 30 days no refills: Upheld

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

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

Decision rationale: The 12/30/14 report states that the patient presents with low back, neck and right knee pain. The current request is for compound w 17% liquid - with anti-inflammatory; Lidocaine, Baclofen, Ketoprofen, Diclofenac, etc for external use bid pm knee joint pain, for 30 days no refills. The RFA is not included. As of 12/22/14, the patient is temporarily totally disabled. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." MTUS page 113 states, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen."The reports provided for review show this is a continuing medication as of 12/30/14. This requested compound topical medication contains Baclofen and Ketoprofen that are not recommended by the MTUS guidelines for topical use. The requested medication also contains Lidocaine that is recommended only in patch form. Therefore, the current request is not recommended and IS NOT medically necessary.