

Case Number:	CM15-0087595		
Date Assigned:	05/19/2015	Date of Injury:	06/05/2012
Decision Date:	06/23/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/07/2015

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, California
 Certification(s)/Specialty: Family Practice

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 40 year old female who sustained an industrial injury on 06/05/12. Initial complaints include pain in her head and confusion. Initial diagnose include a concussion. Treatments to date include medication, physical therapy, TENS, electrical stimulation, and hot pads. Diagnostic studies are not addressed. Current complaints include low back, cervical, and left shoulder pain and headaches. Current diagnoses include lumbar spondylosis, left knee lateral meniscus tear, cervical pain with upper extremity symptoms, left shoulder pain, and headache. In a progress note dated 03/27/15 the treating provider reports the plan of care as left knee surgery, physical therapy to the lumbar spine, a cane, and medications including hydrocodone, cyclobenzaprine, and Ambien, as well as ketoprofen cream. The requested treatments include ketoprofen/gabapentin/bupivacaine/fluticasone/baclofen/ cyclobenzaprine/ clonidine/Hyaluronic acid cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Medication: Ketoprofen 10%, Gabapentin 6%, Bupivacane 5%, Fluticasone 1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic Acid 0.2%, Apply 3 Times 3-4 A Day, Qty: 1, Refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 muscle relaxants such as Cyclobenzaprine and topical Baclofen as well as topical Gabapentin are not recommended due to lack of evidence. Although, the claimant could not tolerate oral NSAIDS, there is no indication that other well-studied medications cannot be used. Furthermore, the topical compound recommended has several components that are not supported. Since the compound above contains these topical medications, the Ketoprofen 10%, Gabapentin 6%, Bupivacane 5%, Fluticasone 1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic Acid 0.2% in question is not medically necessary.