

Case Number:	CM15-0088562		
Date Assigned:	05/12/2015	Date of Injury:	06/19/2014
Decision Date:	06/12/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 35 year old female, who sustained an industrial injury on 6/19/2014. The current diagnosis is cervical spondylosis. According to the progress report dated 4/15/2015, the injured worker complains of constant neck pain. Her current pain is rated 7/10 on a subjective pain scale, 8/10 at its worst. The current medications are Ultracet, Naproxen, and Acetaminophen. Treatment to date has included medication management, physical therapy, chiropractic, electrodiagnostic testing, epidural steroid injection, and facet medial branch block. The plan of care includes prescription refill for compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Tetracaine 2%/Ketoprofen 10%/Gabapentin 6%/Orphenadrine 5%, quantity 240 grams with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs; Opioids.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. There is no proven efficacy of topical application of Ketoprofen or any other component of the proposed topical analgesic. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from first line pain medications. Based on the above, the use of Compound: Tetracaine 2%/Ketoprofen 10%/Gabapentin 6%/Orphenadrine 5%, quantity 240 grams with one refill is not medically necessary.