

Case Number:	CM13-0035164		
Date Assigned:	12/13/2013	Date of Injury:	04/27/2010
Decision Date:	02/27/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 58-year-old gentleman who was injured in a work related accident on April 27, 2010 sustaining an injury to the low back. The clinical records of November 20, 2013 indicates a diagnosis of lumbar spondylosis with degenerative disc disease status post a prior L3-4 and L4-5 anterior and posterior lumbar fusion. The claimant appears to have been treated conservatively. There is a current request for continuation of medications for pain as well as a topical compounded agent to include ketamine, baclofen, cyclobenzaprine, ketoprofene, gabapentin and lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anti-inflammatory Plus 10 (Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Ketoprofen 10%, Gabapentine 6%, Lidocaine 2%) Transdermal Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS Guidelines would not support the role of a topical compound. Guidelines indicate that they are largely experimental with only a few randomized clinical trials

to determine efficacy or safety. While they are indicated primarily for a diagnosis of neuropathic pain, non FDA approved agents are involved in this topical including ketoprofene. Guidelines indicate that if any agent per se is not approved, the combination cream as a whole would not be approved. The use of the unapproved FDA ketoprofene would fail to necessitate the role of this medication. It should also be pointed out that gabapentin and baclofen are not recommended per Guideline criteria.