

Case Number:	CM14-0125546		
Date Assigned:	09/16/2014	Date of Injury:	11/30/2010
Decision Date:	11/20/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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:

According to progress report 6/17/14 by [REDACTED], the patient presents with increased low back pain, right greater than left with muscle spasms. The patient is currently utilizing Percocet 10/325 mg 3 times per day for breakthrough pain and Naproxen as an anti-inflammatory. The patient rates his pain as 7/10 with medication and 10/10 without medications. Examination revealed mild to moderate paraspinous tenderness from L3 through S1. Range of motion was decreased and negative straight leg raise was noted. The treater recommended the patient continue with pain medications and would the patient to "undergo a 30 day trail of a compounded medication that includes Ketoprofen, Gabapentin, and Lidocaine." Utilization review denied the request on 7/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication Ketoprofen/Gabapentin/Lidocaine times 30: Upheld

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

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

Decision rationale: This patient presents with low back pain. The treater is requesting a 30 day trial of a compounded medication that includes Ketoprofen, Gabapentin, and Lidocaine. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." Therefore, the entire compound cream is not supported. The request is not medically necessary.