MAXIMUS Federal Services

Case Number:	CM14-0138494		
Date Assigned:	09/05/2014	Date of Injury:	03/22/2013
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/27/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 38-year-old male with a reported date of injury on 03/22/2013. The injury reportedly occurred when the injured worker slipped and fell off of a ladder. His diagnoses were noted to include lumbosacral radiculopathy to L5-S1, anterior talofibular ligament tear to the right ankle, right knee pain/sprain, right hip pain/sprain, right ankle sprain, and anxiety/stress. His previous treatments were noted to include physical therapy and medications. The progress note dated 06/06/2014 revealed complaints of pain to the right knee and locking of the knee. The injured worker reported the pain was mostly there in the morning when he woke up and it was difficult to start walking. The injured worker revealed he had to wait until his body heated up, then after he walked for a while he was able to bend his knee. The injured worker rated his pain 9/10 and with the assistance of medication it would go down to the point where he would just feel minimal pain. The physical examination of the lumbosacral spine revealed a normal gait and stiffness and tightness to the bilateral posterior, superior iliac spine. The range of motion to the lumbar spine was unrestricted. The straight leg raise was negative and the sensation exam was normal in all dermatomes. There was decreased strength to the right lower extremity as compared to the left side. Deep tendon reflexes were equal and symmetric. The physical examination of the right hip was noted to have a slightly restricted range of motion. The physical examination of the right knee was noted to be almost normal in flexion and extension range of motion with tenderness at the medial joint line. The stability of the knee was noted to be satisfactory. The examination of the right ankle had noted tenderness at the medial joint line with somewhat restricted range of motion. The Request for Authorization form was not submitted within the medical records. The physician indicated in the progress note that new medication had been prescribed. The request was for K-Rub-II cream 60 gm (compounded 10%

ketoprofen, 1% cyclobenzaprine, 5% lidocaine, 10% baclofen, 10% gabapentin, and 64% Ultraderm base); however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

K-Rub-II cream 60g (compounded 10% ketoprofen, 1% cyclobenzaprine, 5% Ildocaine, 10% baclofen, 10% gabapentin, & 64% ultraderm base): 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 Analgesics, Lidocaine, Ketoprofen, Baclofen, Gabapentin, Page(s): 111,112, 113..

Decision rationale: The request for K-Rub-II cream 60 gm (compounded 10% ketoprofen, 1% cyclobenzaprine, 5% lidocaine, 10% baclofen, 10% gabapentin, and 64% Ultraderm base) is not medically necessary. The injured worker complained of right ankle and right knee pain. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. There is no peer reviewed literature to support the use of topical baclofen and the Guidelines do not recommend the topical use of cyclobenzaprine as topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Ketoprofen is not currently FDA approved for topical application. Gabapentin is not recommended for topical application as there is no peer reviewed literature to support the use. There is no evidence for use of any antiepilepsy drug as a topical product. The Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for local peripheral pain after there has been evidence of a first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended and ketoprofen, lidocaine cream, baclofen, cyclobenzaprine, and gabapentin are not recommended for topical application. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.