

Case Number:	CM14-0158264		
Date Assigned:	10/01/2014	Date of Injury:	10/29/2011
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/26/2014

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:

The patient is a 56 years old male with an injury date on 10/29/2011. Based on the 04/14/2014 A.M.E. supplement report, the patient is 2% whole person impairment for skin cancer, 15% whole person impairment for asthma, 1% whole person impairment for hemorrhoids, 4% whole person impairment for gastroesophageal reflux disease, 5% whole person impairment for prostate cancer, and 20% whole person impairment for hypertensive heart disease. QME report indicates the patient has ongoing cervical spine, lumbar spine, bilateral knee, ankles, and upper extremities pain. The utilization review denied the request on 09/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for ketop/lidoc/cap/tram 15%, 1%, 0.012/5% liquid #60 refills 1 (DOS 8/27/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the 04/14/2014 report, this patient presents with ongoing cervical spine, lumbar spine, bilateral knee, ankles, and upper extremities pain. The treater is requesting a retrospective request for ketop/lidoc/cap/tram 15%, 1%, 0.012/5% liquid #60, refills 1 (DOS 8/27/14). The treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 04/14/2014 and the utilization review letter in question is from 09/042014. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. In this case, Lidocaine is not recommended in any formulation other than in a patch formulation and Tramadol is discussed in any of the guidelines for topical formulation. The request is not medically necessary and appropriate.