

Case Number:	CM14-0028034		
Date Assigned:	06/16/2014	Date of Injury:	05/20/2011
Decision Date:	08/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/05/2014

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 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 injured worker is a 55-year-old female who reported an injury on 05/20/2011. The injury occurred when a coworker threw a scanner at her right foot. On 01/21/2014, the injured worker presented with low back pain. Current medications include topical cream, Neurontin and Cymbalta. On examination there was tenderness over the L4-L5 on the right and full range of motion of the back in all planes. There was decreased sensation to the right L4, L5 and S1. Examination of the lower extremity noted mild hypersensitivity to mild touch to the dorsum and tibia and some tenderness in the arc, plantar surface and to the right knee with full range of motion. The diagnoses were lumbar radiculopathy, pain in the joint of the ankle and foot, pain in the joint of the lower leg, pain in the joint of the pelvic region and thigh and reflex sympathetic dystrophy of the left lower limb. The provider recommended a topical cream. The provider's rationale was not provided. The Request For Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

**KDIL (KETAMINE/DICLOFENAC/INDO/LIDO), ONE (1) TO TWO (2) PUMPS
THREE (3) TIMES DAILY FOR LOW BACK: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13.

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

Decision rationale: The request for KDIL(Ketamine/Diclofenac/Indo, Lido), 1 to 2 pumps 3 times daily for the low back is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental use with few randomized control trials to determine efficacy and safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product containing at least 1 drug or drug class that is not recommended is not recommended. Guidelines note that topical NSAIDS are recommended for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable for topical treatment. It is recommended for short term use 4 to 12 weeks. There is little evidence to utilize topical NSAIDS of treatment for osteoarthritis of the spine, hip or shoulder. Additionally, Lidoderm is the only FDA approved topical formulation of lidocaine. The included documentation lacked evidence of the injured worker having a diagnosis that is congruent with the guideline recommendation of topical NSAIDS. Topical formulation of lidocaine is only FDA approved for Lidoderm and no other commercially approved topical formulation of lidocaine is indicated. Additionally, the provider did not state the dose or quantity in the request as submitted. As such, the request is not medically necessary.