

Case Number:	CM14-0213700		
Date Assigned:	12/31/2014	Date of Injury:	03/01/2012
Decision Date:	02/25/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 53 year old female with an injury date of 03/01/12. Per the 09/18/14 report the patient presents with increased neck, upper back and shoulder pain with muscle spasms. Pain is rated 5-6/10 with medications and 9-10/10 without. Examination shows diffuse myofascial tenderness over the bilateral trapezius rhomboid levator scapulae and the paraspinous cervical region. There is also tenderness over the upper to mid thoracic paraspinous musculature and the lower thoracic region with 1 to 2+ muscle spasms in the bilateral trapezius. The patient's diagnoses include: 1. Cervicalgia with myofascial pain. 2. S/p C4-5, C5-6, C6-7 anterior cervical discectomy and fusion 08/14/13. 3. Cervical spine strain/sprain. 4. Cervical radiculopathy, improving. 5. S/p right carpal tunnel release. 6. Lumbar spine/strain with persistent lower back pain. 7. Depression and insomnia. The patient has completed physical therapy and acupuncture, and received a cervical ESI 05/30/13 that aggravated symptoms. The patient is undergoing individual psychotherapy sessions. She has a history of nausea and GI symptoms. Current medications include Dilaudid, Omeprazole, Restoril, and Laxacin. The utilization review is dated 11/21/14. Reports were provided for review from 06/28/14 to 11/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound-Ketoprofen/Gabapentin/Lidocaine/SterilWa/Ethox, QTY: 240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ketoprofen, Topical; Pain, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The patient presents with increased neck, upper back and shoulder pain with muscle spasms rated 5-6/10 with medications and 9-10/10 without. The current request is for Compound-Ketoprofen/Gabapentin/Lidocaine/SterilWa/Ethox, QTY: 240. The RFA is not included. The 11/21/14 utilization review states the RFA is dated 11/14/14. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." MTUS guidelines page 112 state regarding Lidocaine, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The reports provided do not discuss this request. In this case, the requested compounded medication contains Ketoprofen that is not approved for topical applications as well as Gabapentin that MTUS specifically states is not recommended in the topical cream section. Furthermore, the medication contains lidocaine that is approved only in patch form for neuropathic pain. Therefore, this medication is not recommended by MTUS and IS NOT medically necessary.